

10/22/45
no name
2722
aid

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number each, in order of birth, stated.

(See Instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH
County of Richland
Township of _____
or
Inc. Town of _____
or
City of Columbia
(If birth occurs in a hospital or other institution give name of same instead of street and number)

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 38-B

FILE No.—For State Registrar Only
00509

Registered No. _____
(For use of Local Registrar)
2 Ward

2. FULL NAME OF CHILD

(No. 15-15-1 Hugan St.)
Odell Johnson

If child is not yet named, make supplemental report as directed

3. Boy or Girl <u>Boy</u>	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>4/21</u>, 19 <u>22</u> (Month, day, year)
9. Full name <u>William Johnson</u>			18. Name before marriage <u>Oral Lee Williams</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>1614 Carolina Court Columbia, S.C.</u>		
11. Color or race <u>Negro</u>			20. Color or race <u>Negro</u>		
12. Age at child's birth <u>3.9</u> (years)			21. Age at child's birth <u>28</u> (years)		
13. Birthplace (city or place) (State or country) <u>Columbia, S.C.</u>			22. Birthplace (city or place) (State or country) <u>Columbia, S.C.</u>		
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>Barber</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... <u>house keeper</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc..... <u>Barber Shop</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc..... <u>own home</u>		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>					
28. If stillborn, period of gestation..... months weeks					
29. Cause of stillbirth					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____
(Date of) _____

Registrar.

(Signed) William Johnson, Parent
or _____, Guardian
Address 1614 Carolina Court
Filed 11/1/45 19 Registrar.