

Form No. 1

## (1) PLACE OF BIRTH

County of AllendaleTownship of Baldwin

Inc. Town of.....

City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Paul C. Cruch

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 12, 22  
(Name of Month) (Day) (Year)

(8) FULL NAME

Dr.

FATHER.

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

Minnet Cruch

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

Farm Laborer

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was..... at..... on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed

June 18, 1922 (28) L. H. Boyd, M.D.  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. For State Registrar Only

17397Registration District No. 4602 Registered No. 30  
(For use of Local Registrar)

THIS IS TO BE USED AS A SUPPLEMENTAL REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.