

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 of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Rich land

Township of

or Inc. Town of

City of Columbus

(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-a Registered No.

(For use of Local Registrar)

(No. Elmwood Hospital Ward)

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

2. FULL NAME OF CHILD Olym Cleveland Crouch Jr.

3. Boy or Girl Boy 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents Married? yes 8. Date of birth August 18, 1922 (Month, day, year)

9. Full name Olym Cleveland Crouch FATHER 18. Name before marriage Nagel Lambert MOTHER

10. Residence (mailing address) Columbus S.C. 19. Residence (mailing address) Columbus S.C. (If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 37 (Years) 20. Color or race W. 21. Age at last birthday 27 (Years)

13. Birthplace (city or place) Edgelfield Co. S.C. 22. Birthplace (city or place) Roanoke, Va. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.P. Pendergast 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. S.P.R. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Aug 1922 17. Total time (years) spent in this work 12 25. Date (month and year) last engaged in this work Aug 1922 26. Total time (years) spent in this work 14 1/2

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. m. on the date above stated. (Born alive or stillborn)

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

(Signed) Miss Dr. B. J. M.D.

or..... Midwife.

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

Address Columbus S.C.

Filed 1-29, 1942 M.D. Woodward, M.D. Registrar.

Registrar.