

22 049486

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. Columbus Hospital Ward)2. FULL NAME OF CHILD Olyan Cleveland Crouch Jr.

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

3. Boy or Girl Boy If Plural Births

4. Twin, triplet or other

6. Premature

7. Are Parents Married? yes8. Date of birth August 18, 1922
(Month, day, year)9. Full name Olyan Cleveland Crouch FATHER18. Name before marriage Nazel Lambert MOTHER10. Residence (mailing address) Columbus S.C.
(If non-resident, give place and State)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.
(State or country)22. Birthplace (city or place) Keams, Va.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.P. Pender23. 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 home16. Date (month and year) last engaged in this work Aug 192217. Total time (years) spent in this work 1225. Date (month and year) last engaged in this work Aug 192226. Total time (years) spent in this work 14 1/227. 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 028. 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) Neslee D. Boyd, 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.

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)