

(1) PLACE OF BIRTH

County of Dakota
 Township of Harrisonville
 Inc. Town of Harrisonville
 City of Harrisonville

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

Registration District No. 1503Registered No. 824
(For use of Local Registrar)

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

(2) Full Name of Child James Hampton Crouch

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

(3) SEX OF CHILD Boy (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age of Child Yrs (7) DATE OF BIRTH Jan 8 1923
 (Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME Manning C Crouch
 (9) PRESENT RESIDENCE OF FATHER Harrisonville
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 44
 (12) BIRTHPLACE Saluda Co. S.C.
 (13) OCCUPATION Credit Man - Line & Tr.

MOTHER.

(14) NAME BEFORE MARRIAGE Miss C. Crouch
 (15) PRESENT RESIDENCE OF MOTHER Harrisonville
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37
 (18) BIRTHPLACE Rockwell S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 12:30

(23) (Signature) L. E. G. G.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Harrisonville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 16 23 (28) M. J. M. K. 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.

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