

Not Reg.
In Hall

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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

Registration Dist. No. 34-0 STANDARD CERTIFICATE OF LIVE BIRTH 22 049429
Division of Vital Statistics—State Board of Health
Registrar's No. _____ State of South Carolina State File No. 07499

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER	
(a) County <u>Richland</u>	(a) State <u>South Carolina</u>	(b) County <u>Saluda</u>	(c) City or town <u>Saluda</u>
(b) City or town <u>Columbia</u> <small>(If outside city or town limits, write RURAL)</small>	(c) City or town <u>Saluda</u> <small>(If outside city or town limits, write RURAL)</small>	(d) Street No. _____ <small>(If rural, give location)</small>	
(c) Name of hospital or institution: <u>2115 Wayne St home</u> <small>(If not in hospital or institution, give street number or location)</small>			
(d) Mother's stay before delivery: In hospital or institution..... In this community..... <small>(Specify whether years, months, or days)</small>			

3. Full name of child <u>Nancy Rhae Crouch</u>				<small>If child not yet named, leave blank</small>	
4. Sex: <u>♀</u>	5. Twin or triplet.....	If so—born 1st 2d, or 3d.....	6. Number months of pregnancy <u>9</u>	7. Date of birth <u>Apr. 9, 1922</u> <small>(Month) (Day) (Year)</small>	

FATHER OF CHILD			MOTHER OF CHILD		
8. Full name <u>William Wesley Crouch, Jr.</u>	10. Age at time of this birth <u>30 yrs.</u>		14. Full maiden name <u>Annie Sophronia Schuyler</u>	16. Age at time of this birth <u>25 yrs.</u>	
9. Color or race <u>W</u>	11. Birthplace <u>Edgely, S.C.</u> <small>(City, town, or County) (State or foreign country)</small>		15. Color or race <u>W</u>	17. Birthplace <u>Hodgeville, S.C.</u> <small>(City, town, or County) (State or foreign country)</small>	
12. Usual occupation <u>Undertaker</u>	13. Industry or business <u>Undertaker</u>		18. Usual occupation <u>Housewife</u>	19. Industry or business.....	

20. Children born to this mother: 7	21. Mother's mailing address for registration notice:
(a) How many other children of this mother are now living? <u>6</u>	
(b) How many other children were born alive but are now dead? <u>X</u>	
(c) How many children were born dead? <u>X</u>	

22. Were drops put in baby's eyes? <u>yes</u> <small>(Yes or no)</small>	24. Congenital deformities? <u>no</u> <small>(Yes or no) If yes, describe</small>
Exact time _____ <small>(Name of prophylactic)</small>	
23. Was prenatal blood test for syphilis made? <u>yes</u> <small>(Yes or no)</small>	25. Birth injury? _____ <small>(Yes or no) If yes, describe</small>
Date of test _____ <small>(Name of laboratory)</small>	
	26. Weight at birth <u>5</u> lbs. _____ oz.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 9 A. m. on the date above stated.

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

(Signed) Wm. W. Crouch, Jr. Parent
or _____ Guardian
Address _____
Filed 9-13-49, 19____, Thos. P. Lesesne Local Registrar

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

State Registrar