

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

<b>1. PLACE OF BIRTH</b> (a) County <u>Richland</u> (b) City or town <u>Columbia</u> (If outside city or town limits, write RURAL) (c) Name of hospital or institution: <u>2115 Wayne St home</u> (If not in hospital or institution, give street number or location) (d) Mother's stay before delivery: <u>In hospital or institution</u> In this community <u>2115 Wayne St home</u> (Specify whether years, months, or days)		<b>2. USUAL RESIDENCE OF MOTHER</b> (a) State <u>South Carolina</u> (b) County <u>Saluda</u> (c) City or town <u>Saluda</u> (If outside city or town limits, write RURAL) (d) Street No. .... (If rural, give location)	
<b>3. Full name of child</b> <u>Nancy Rhae Crouch</u> If child not yet named, leave blank			
<b>4. Sex:</b> <u>♀</u>	<b>5. Twin or triplet:</b> <u>1st</u> If so—born 1st 2d, or 3d.	<b>6. Number months of pregnancy:</b> <u>9</u>	<b>7. Date of birth:</b> <u>Apr. 9, 1922</u> (Month) (Day) (Year)
<b>FATHER OF CHILD</b> 8. Full name <u>William Wesley Crouch</u> 9. Color or race <u>W</u> 10. Age at time of this birth <u>30</u> yrs. 11. Birthplace <u>Edgely, S.C.</u> (City, town, or County) (State or foreign country) 12. Usual occupation <u>Undertaker</u> 13. Industry or business <u>Undertaker</u>		<b>MOTHER OF CHILD</b> 14. Full maiden name <u>Annie Sophronia Schumaker</u> 15. Color or race <u>W</u> 16. Age at time of this birth <u>25</u> yrs. 17. Birthplace <u>Edgely, S.C.</u> (City, town, or County) (State or foreign country) 18. Usual occupation <u>Housewife</u> 19. Industry or business	
<b>20. Children born to this mother:</b> (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>		<b>21. Mother's mailing address for registration notice:</b>	
<b>22. Were drops put in baby's eyes?</b> <u>yes</u> (Yes or no) Exact time ..... (Name of prophylactic)		<b>24. Congenital deformities?</b> <u>no</u> (Yes or no) If yes, describe	
<b>23. Was prenatal blood test for syphilis made?</b> <u>yes</u> (Yes or no) Date of test ..... (Name of laboratory)		<b>25. Birth injury?</b> ..... (Yes or no) If yes, describe	
		<b>26. Weight at birth:</b> <u>5</u> lbs. <u>1</u> 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.

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

(Signed) Wm. W. Crouch, Jr. Parent  
or ..... Guardian

Address .....

Filed 9-13-49, 19.....  
Thos. P. Lesesne  
Local Registrar

State Registrar