

## (1) PLACE OF BIRTH

County of Dalhart

Township of .....

In. Town of Harrisonville

City of .....

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

Registration District No. 1503 Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child James Manning Crouch If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Triplet <u>First</u> To be reported only in event of Triplet or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1 23</u> (Month of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Manning C Crouch(9) PRESENT RESIDENCE OF FATHER Harrisonville(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 44  
(Years)(12) BIRTHPLACE Saluda Co. S.C.(13) OCCUPATION Credit Man - Line & Inc(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss G. Crouch(15) PRESENT RESIDENCE OF MOTHER Harrisonville(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Rocky Mt. N.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) L. E. Egleston(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Harrisonville S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Jan 16 23 (27) Local Registrar

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