

(1) PLACE OF BIRTH

County of Oakland.....Township of 7.....Name Town of
orCity of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

1961

130

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Earl L. Crouch Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>Not applicable</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 11, 1961</u> (Name of Month) (Day) (Year)
FATHER.				
(8) FULL NAME <u>Elmer L. Crouch</u> (9) PRESENT POSTOFFICE OF FATHER <u>Ridge Spring</u> (10) COLOR OR RACE <u>black</u> (11) AGE AT LAST BIRTHDAY <u>24</u> (Years)				
(12) BIRTHPLACE <u>Oakland County</u> (13) OCCUPATION <u>Householder</u>				
(14) NAME BEFORE MARRIAGE <u>Elmer L. Crouch</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Ridge Spring</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>20</u> (Years)				
(18) BIRTHPLACE <u>Oakland County</u> (19) OCCUPATION <u>On call day and night labour</u>				
(20) Number of children born to mother, including present birth { } (21) Number of children of this mother now living, including present birth { }				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:45 A.M. (Born alive or stillborn) (Under A. M. or P. M.) on the date above stated.(23) (Signature) D. J. Crouch

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

phys. Ridge Spring S.C.Name added from a supplemental report
..... 101.....(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 9 1962 (28) Mrs. J. S. Crouch
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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