

## (1) PLACE OF BIRTH

County of

Marlboro

Township of

Lebron

or

Inc. Town of

or

City of

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

Registration District No. 3304 Registered No. 103

(For use of Local Registrar)

## (2) Full Name of Child.

Blaise Woodrow Lowery

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

(3) BOY OR GIRL? Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? yes	(7) DATE OF BIRTH Aug 8 1916 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Ben Lowery			(14) NAME BEFORE MARRIAGE May Clark	
(9) PRESENT POSTOFFICE OF FATHER Blw' Bl			(15) PRESENT POSTOFFICE OF MOTHER Blw' S. C.	
(10) COLOR OR RACE Croatian	(11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE Croatian		
(12) BIRTHPLACE Roberson Co., N.C.		(17) AGE AT LAST BIRTHDAY 42 (Years)		
(13) OCCUPATION Farming			(18) BIRTHPLACE Blw' S. C.	
(19) OCCUPATION Housekeeper			(20) Number of children of this mother now living, including present birth 0	
(21) Number of children born to mother, including present birth 8				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born, at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

John Allen Harner M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Blw' S. C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed

Aug 16 1916

(28)

W. H. Woodley

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.