

(1) PLACE OF BIRTH

County of SpartanburgTownship of Parrot

Inc. Town of

City 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 Registrar Only

37701

Registration District No. 4006 Registered No. 155
(For use of Local Registrar)

LOWERY

(2) Full Name of Child

Leo Ashley

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

(1) SEX OR CHILD <u>Boy</u>	(2) Type of Twins <u>None</u> To be covered only in event of Twins or Triplets	(3) Number in order of birth <u>1</u>	(4) Eyes <u>Blue</u>	(5) DATE OF BIRTH <u>11-29-23</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(6) FULL NAME <u>Chas. Lowery</u>	(14) NAME BEFORE MARRIAGE <u>Grace Wells</u>	(18) PRESENT POSTOFFICE OF FATHER <u>Trough, S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Trough, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>37</u> (Year)	(14) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>23</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>	(14) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Mill work</u>	(16) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at H.P. M., on the date above stated. (And alive or stillborn - either M. or P. M.)(24) (Signature) M. L. K. K. K. K. K.(25) State whether Physician or Midwife M.D. (26) Signature of Physician or Midwife Pa. cert. S.C.

Give name added from a supplemental report

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

(28) Filed Dec 13 1923 (29) M. W. Brown 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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