

(1) PLACE OF BIRTH

Coloreado

CERTIFICATE OF BIRTH
STATE OF NORTH CAROLINA

No. 1-15-15-15-15

(1) PLACE OF BIRTH

County of ColoreadoTownship of Coloreadoor
Inc. Town of

City of

CERTIFICATE OF BIRTH
STATE OF NORTH CAROLINA
Bureau of Vital Statistics
State Board of Health

35436

Registration District No. 1302Registered No. 24
(For use of Local Registrar)

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

(2) Full Name of Child Henry James

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>18</u> <u>10</u> <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Edwin Lowder(9) PRESENT RESIDENCE OF FATHER Coloreado S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)(12) BIRTHPLACE Coloreado S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Louise Ridgeway(15) PRESENT RESIDENCE OF MOTHER Coloreado S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE Coloreado S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 57 22 on the date above stated. (Hour A.M. or P.M.)(23) (Signature) Richard Lee M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Coloreado S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 2 25 (28) White Local Registrar

If attending physician or midwife, then the father, householder, etc., should make this report. Once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.