

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

FILED IN THE REGISTER  
**33892**

County of *Spartanburg*  
City of *Parrott*

Registration District No. *4006*

Registered No. *120*  
(For use of Local Registrar)

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

Full Name of Child *John Henry Shipley*

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

Sex *Boy* (1) Type of Birth *Live* (2) Number of Children of Mother *Two* (3) Age of Mother *24* (4) Date of Birth *Sept 4 1923*  
(Name of Month) (Day) (Year)

**FATHER.**

(1) Name before marriage *John Henry Shipley*  
(2) Present address of father *Trough, S.C.*  
(3) Color *Black* (4) Age at last birthday *24* (Year)  
(5) Birthplace *S.C.*

**MOTHER.**

(1) Name before marriage *Lula Grooby*  
(2) Present address of mother *Trough, S.C.*  
(3) Color *Black* (4) Age at last birthday *24* (Year)  
(5) Birthplace *S.C.*  
(6) Occupation *Housewife*  
(7) Number of children of this mother now living, including present birth *Two*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(28) (Signature) *John Henry Shipley*  
(29) State whether Physician or Midwife *Physician* (30) Address of Physician or Midwife *Trough, S.C.*

Can name added from a supplemental report

(31) Witness *C. F. Coleman*  
(Signature of Witness necessary only when question 28 is signed by mark)

(32) Filed *9-11-23* (33) *M. H. Bishop*  
Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. This may be done even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.