

(1) PLACE OF BIRTH

County of
Township of
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

For Use of Local Registrar
37080

Registration District No. 3A

Registered No. 434
(For use of Local Registrar)

(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ralph F. Kilgore

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

(3) BOY OR GIRL Male (4) Male or Female (5) First in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 12
(Name of Month) (Day) (Year)
To be answered only in event of Twin or Triplets

FATHER

(8) FULL NAME J. L. Kilgore
(9) PRESENT POSTOFFICE OF FATHER Anderson
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
(Year) (12) BIRTHPLACE S.C.
(13) OCCUPATION mill
(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Bell Elrod
(15) PRESENT POSTOFFICE OF MOTHER Anderson
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Year) (18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
19 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(27) Filed (28) F. B. CRAYTON, ANDERSON, S. C.

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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