

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of *Spartanburg* STATE OF SOUTH CAROLINA,
 Bureau of Vital Statistics
 Township of *Woodruff* State Board of Health

File No.—For State Registrar Only
74832

Inc. Town of Registration District No. *4009* Registered No. *107*
 or (For use of Local Registrar)
 City of (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 *Messisive Kilgore* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 30, 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Tom Kilgore*
 (9) PRESENT POSTOFFICE OF FATHER *Woodruff S.C.*
 (10) COLOR OR RACE *Woc* (11) AGE AT LAST BIRTHDAY *36* (Years)
 (12) BIRTHPLACE *Greenville S.C.*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth } *8*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Angene Langston*
 (15) PRESENT POSTOFFICE OF MOTHER *Woodruff S.C.*
 (16) COLOR OR RACE *Woc* (17) AGE AT LAST BIRTHDAY *31* (Years)
 (18) BIRTHPLACE *Spartanburg Co.*
 (19) OCCUPATION *Domestic*
 (21) Number of children of this mother now living, including present birth } *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1:00* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Messie Castleberry*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Woodruff 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) Filled *9/9* 191*6* (28) *Chas. L. Baister* 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.