

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

File No.—For State Registrar Only
91434

(1) PLACE OF BIRTH

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

Registration District No. 3706

Registered No. 187
 (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 Bulah May Kilstrap (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth no (6) Are Parents Married? no (7) DATE OF BIRTH Dec 31, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leo Winchester
 (9) PRESENT POSTOFFICE OF FATHER Pickens, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Pickens Co.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Kilstrap
 (15) PRESENT POSTOFFICE OF MOTHER Pickens, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Pickens Co.
 (19) OCCUPATION Housework
 (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 Bonafine Pickens, S.C. on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) H. Valley
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed Jan 2, 1917 (28) H. Valley 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.