

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

Registration District No. Lowndes

File No.—For State Registrar Only

20132

Registered No. 62
(For use of Local Registrar)

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

(2) Full Name of Child Robert Avery Kilgore If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/22 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.
 (8) FULL NAME George R. Kilgore (14) NAME BEFORE MARRIAGE Mabel Avery
 (9) PRESENT POSTOFFICE OF FATHER Pinecan (15) PRESENT POSTOFFICE OF MOTHER Same
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Sta. S.C. (18) BIRTHPLACE Ga
 (13) OCCUPATION Minister (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ...at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) allid.(24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Moore

Given name filed from a supplemental report

M. B. W. = M. D.6/3/43 1922

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/27 1922 (28) St. Moore 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.

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WHEN PLAIN. WITH READING INK—THIS IS A PERMANENT RECORD.
 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.

RECORD OF COLUMBIA, COLUMBIA, S. C.