

77828

**State Board of Health**

City of London

(For use of Local Registrar)

City of London (No. 100 St. 100 Ward 100)

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

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH Aug. 25, 1916

**FATHER.**

## MOTHER.

(8) FULL NAME William Whison Kilgore

(14) NAME BEFORE MARRIAGE Miss N. N. N.

(9) PRESENT POSTOFFICE *LD. Fair* *50*

(15) PRESENT  
POSTOFFICE  
OF MOTHER *Clinton St.*

(10) COLOR W.P. (11) AGE AT LAST BIRTHDAY 33

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
(Years)

(12) BIRTHPLACE S.H.

(18) BIRTHPLACE *Chesille St.*

(13) OCCUPATION Secretary

(19) OCCUPATION

(20) Number of children born to mother, including present birth { .....

(21) Number of children of this mother  
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature

[illegible]

Given name added from a supplemental report

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

(27) Filed Oct 5 1916 (28) J. L. H. Bailey  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once; it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy.