

FORENO. 3  
 MARGIN RESERVED FOR BINDING  
 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  
 McCraw of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Spartanburg  
 Township of Beck Springs  
 or  
 Inc. Town of Wellford S.C.  
 or  
 City of \_\_\_\_\_  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**70382**

Registration District No. 4000B Registered No. 38  
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 8</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Boyer Kilgore</u>	(14) NAME BEFORE MARRIAGE <u>Montez Brockman</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Wellford S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wellford S.C.</u>			
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Spartanburg Co. S.C.</u>		(18) BIRTHPLACE <u>Spartanburg Co S.C.</u>		
(13) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>one</u>		(21) Number of children of this mother now living, including present birth <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:45 a.m. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. O. Vernon  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wellford 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) Filed Aug 6 1916 (28) J. O. Vernon 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.