

FORM NO. 1
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
McGraw-Hill of Columbia

(1) PLACE OF BIRTH

County of Spartanburg
Township of Beck Spring
or
Inc. Town of Willford S.C.
or
City of Willford S.C.
(If birth occurs in a hospital or (No.) St.; Ward)

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. 40008 Registered No. 38
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 8 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Boyle Kilgore
(9) PRESENT POSTOFFICE OF FATHER Willford S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Spartanburg Co. S.C.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth { One

MOTHER.
(14) NAME BEFORE MARRIAGE Montez Brockman
(15) PRESENT POSTOFFICE OF MOTHER Willford S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16 (Years)
(18) BIRTHPLACE Spartanburg Co S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { One

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 (25) Address of Physician or Midwife
Physician Willford S.C.

Given name added from a supplemental report
..... 191.....
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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.
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