CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
64842

(1) PLACE OF BIRTH

County of Horry

Township of Floyd

or

Inc. Town of ..... Registration District No. 2508 Registered No. 38 (For use of Local Registrar)

or

City of ..... (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. Anna Edna Alford { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? G

(4) Twin — or Triplet? — (To be answered only in event of Twins or Triplets)

(5) Number in order of birth One

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 19, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Preston Alford

(9) PRESENT POSTOFFICE OF FATHER Nichols S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Horry Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Murphy MISHOE

(15) PRESENT POSTOFFICE OF MOTHER Nichols S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Horry Co

(19) OCCUPATION Home Wife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Gaby Cauley

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Nichols 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 June 16 1916 (28) L E Williamson
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.

N. B.—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.

WRITING WITH UNFADING INK—THIS IS A PERMANENT RECORD. DO NOT BINDING.

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McCa... of Columbia