

(1) PLACE OF BIRTH

County of HorryTownship of Saline

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18623

Registration District No. 2009Registered No. 451

(For use of Local Registrar)

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

(2) Full Name of Child Albert G. David If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 20 1921 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert David(9) PRESENT RESIDENCE OF FATHER Saline City S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Cay Dealer(14) Number of children born to present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Louise M. C. Cutch(15) PRESENT POSTOFFICE OF MOTHER Saline City S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 21

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at Saline (Born alive or stillborn) (Hour, A. M. or P. M.) on the date above stated.(23) (Signature) S. J. B. W. Courtenay(24) State whether Physician or Midwife (25) Address of Physician or Midwife Saline City S.C.

Given name added from a supplemental report

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

(27) Filed 6/27/22 (28) R. L. Carter 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 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 TWINN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.