

(1) PLACE OF BIRTH

County of *Horry*
Township of *Postleburg*

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

79321

City or Town of *Clyton S.C.* Registration District No. *41008* Registered No. *052*
(For use of Local Registrar)

City (if birth occurs in a hospital or other institution, give name of same instead of street and number.)
Sidney S. Seltman St.; *Ward*

(2) Full Name of Child *Baby (Seltman)* If child is not yet named, make supplemental report as directed

(3) SEX *B* (4) Twin or Triplet? *1* (5) Number in order of birth *1* (6) Are Parent Married? *Yes* (7) DATE BIRTH *Aug 1 1916*
(to be answered only in case of twins & triplets) (Name of Month) (Day) (Year)

FATHER. *Seltman*
FULL NAME *H. Grady Seltman*

MOTHER.
(14) NAME BEFORE MARRIAGE *Lila Bess Goforth*

(13) PRESENT POSTOFFICE OF FATHER *Clyton S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Clyton S.C.*

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *26* (Years)

(18) BIRTHPLACE *S.C.*

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *H.W.*

(19) OCCUPATION *Book Keeper*

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

(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 *Born* at *12:30 P.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Arthur C. Cannon*
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Cayusee S.C.*

Given name added from a supplemental report *Alfida*

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

5/21/43 191...
M.R. Woodward, M.D.
Registrar

(27) File No. *1016* (28) *W. F. Parker*
Local Registrar

If 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.

Birth month of pregnancy