

**CERTIFICATE OF DEATH**

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

File No.—For State Registrar Only.

15158

1. PLACE OF DEATH  
County of Horry  
Township of Blayfs  
or  
Inc. Town of  
or  
City of

Registration District No. 25-08  
(No. St.)

Registered No. 29  
(For use of Local Registrar)  
(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

2. FULL NAME A. B. Alford

Residence In City Yrs. Mos. Days.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3 SEX Male 4 COLOR & RACE White  
5 ~~MARRIED~~ WIDOWED Never married  
OR DIVORCED  
(Write the word)

18 DATE OF DEATH Aug 9, 1917  
(Month) (Day) (Year)

6 DATE OF BIRTH Jan 9, 1874  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1917 to Aug 9, 1917, that I last saw him on Aug 9, 1917 and that death occurred, on the date stated above, at 11 a.m.

7 AGE 43 yrs. 72 mos. 6 yrs.  
IF LESS than 1 day. .... hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
Paralysis  
(Duration) .... yrs. .... mos. 2 days

8 OCCUPATION  
(a) Trade, profession, or particular kind of work. Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or Country) S.C.

Contributory (SECONDARY) (Duration) .... yrs. .... mos. .... days

10 NAME OF FATHER Duke Alford

(Signed) C. P. Buelor, Jr. M. D.  
Aug 9, 1917 (Address) Nichols S.C.

11 BIRTHPLACE OF FATHER (State or Country) N.C.

\*State the Disease Causing Death, or, if death from Violent Causes state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

12 MAIDEN NAME OF MOTHER Ferby Johnson

13 BIRTHPLACE OF MOTHER (State or Country) N.C.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or recent Residents)  
At place of death yrs. .... mos. .... days. State .... yrs. .... mos. .... days.  
Where was disease contracted, If not at place of death?

14 THE ABOVE I WRITE TO THE BEST OF MY KNOWLEDGE  
(Informant) Creston Alford

Former or usual Residence

(Address) W. Nichols

19 Place of Burial or Removal DeWitt's Cem DATE OF BURIAL Aug 10th 1917

Filed Aug 14, 1917 S. S. Williams  
LOCAL REGISTRAR

20 UNDERTAKER W. Williams ADDRESS W. Nichols P.R.

\*See Part 7, Form of information should be carefully supplied. AGE should be stated EXACTLY. FINNIGLANK is a variant spelling of FINNIGLANK. Exact statement of OCCUPATION is very important. See instructions on back of certificate.