

STATE OF NORTH CAROLINA
Department of Vital Statistics
State Board of Health

REGISTRATION NO. 22032

Registration District No. 73
Full Name of Child Charles Albert Ridley
If child is not yet named, make supplemental report as directed

73	(a) Type of Infant	(b) Number of Child in Family	(c) Sex	(d) Date of Birth
	Full Name of Mother	Full Name of Father	Color	Age at Last Birthday
Homer Lee Ridley		Wach allan	White	16
Occupation		Birthplace	Color	Age at Last Birthday
Farmer		Oconee Co S.C.	White	17
Number of children born to mother, including present birth		Occupation	Birthplace	Color
2		Housewife	Pickens Co S.C.	White
		(c) Number of children of this mother now living, including present birth		
		2		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born on the date above stated.
(22) (Signature) John M. Metcalf
(23) State whether Physician or Midwife (24) Name of Hospital or Institution

Name added from a supplemental report
(25) Witness (Signature of witness necessary only when question 23 is signed by mark)
(26) Date Aug 8 1927 (27) P. A. M. Lee

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
If a woman remains even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.