

Form No 1

(1) PLACE OF BIRTH

County of Glouce
Township of Chatham
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
69689

Registration District No. 8501 Registered No. 15
(For use of Local Registrar)

(2) Full Name of Child Cordelia Ridley

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 24, 1916
(Name of Month) (Day) (Year)

FATHER:
(8) FULL NAME Edwin Ridley
(9) PRESENT POSTOFFICE OF FATHER Wm. Rest, S.C. R-2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Glouce S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth Nine

MOTHER:
(15) NAME BEFORE MARRIAGE Indira Macintyre
(16) PRESENT POSTOFFICE OF MOTHER Wm. Rest, S.C. R-2
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 33 (Years)
(19) BIRTHPLACE Macon N.C.
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P.M. on the date above stated.
(Begin above or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah P. Hays
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Wm. Rest, S.C. R-2

Given notice signed from a supplemental report
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(26) Withhold
(27) Signature of witness necessary only when question 26 is signed by grand
W. B. Hunt
(28) Local Registrar

NOTE.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.