

Form No. 1

(1) PLACE OF BIRTH

County of *Mecklenburg*Township of *Sharon Branch*or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

7746

Registration District No. *4 305*Registered No. *7*
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Ralph Edward Kiddle*(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1st* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *March 20, 23*
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

(8) FATHER'S FULL NAME *John Luther Kiddle* (9) MOTHER'S NAME *Mary Sue Kiddle*(10) PRESENT POSTOFFICE OF FATHER *Sharon Branch* (11) PRESENT POSTOFFICE OF MOTHER *Sharon Branch*(12) COLOR OR RACE *White* (13) AGE AT LAST BIRTHDAY *32* (14) COLOR OR RACE *White* (15) AGE AT LAST BIRTHDAY *29*
(Years) (Years)(16) BIRTHPLACE *Richmond Co. Ga. Augusta* (17) BIRTHPLACE *Colquhoun Co. N.C.*(18) OCCUPATION *Book Keeper* (19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *6* (21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *White* *2:15 PM*
on the date above stated. (Born alive or stillborn: *Hour A. M. or P. M.*)(23) (Signature) *B. Adams M.D.*(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Sharon Branch*

(Given name added from a supplemental report)

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

(27) Filed *March 23, 23* (28) *B. Adams*
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.