

(1) PLACE OF BIRTH

County of Florence
 Township of James M. Roads
 or
 In Town of

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

No. 3855

Registration District No. 2006 Registered No.
 (For use of Local Registrar)

City of (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 Edith Society Ridgely Ridgely (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER Boy (4) Type or Figure 46 (5) Number in order of birth 46 (6) DATE OF BIRTH Jan 10 1923
 To be answered only in case of Twins or Triplets

FATHER.
 (7) FULL NAME Johnny M. Ridgely
 (8) PRESENT POSTOFFICE OF FATHER Lumberton
 (9) COLOR OR RACE W (10) AGE AT LAST BIRTHDAY 30
 (11) BIRTHPLACE Lumberton Co.
 (12) OCCUPATION Farmer
MOTHER.
 (13) NAME BEFORE MARRIAGE Edith Society
 (14) PRESENT POSTOFFICE OF MOTHER Lumberton
 (15) COLOR OR RACE W (16) AGE AT LAST BIRTHDAY 24
 (17) BIRTHPLACE Florence Co.
 (18) OCCUPATION Homemaker
 (19) Number of children born to mother, including present birth 1
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was at M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(22) (Signature) Martin Ridgely
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Lumberton

Given name added from a supplemental report

(25) Witness Mrs. J. H. Ridgely
 (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Jan 10 1923 (27) Mrs. J. H. Ridgely

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