

(1) PLACE OF BIRTH

County of LancasterTownship of Lancasteror
In Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2903 Registered No. 9
(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 Robert Lee Ready If child is not yet named, make supplemental report as directed3 SEX OR Boy (4) Twin or Triplet (5) Number in order of birth (6) Age 10 (7) DATE OF BIRTH June 23, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Alfred Ready(9) PRESENT POSTOFFICE OF FATHER Demo S C(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY (Year) 43(12) BIRTHPLACE Newberry County(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 11

MOTHER.

(15) NAME BEFORE MARRIAGE Rachel Thompson(16) PRESENT POSTOFFICE OF MOTHER Demo S C(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY (Year) 36(19) BIRTHPLACE Union County(20) OCCUPATION farmer(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) midwife Jane Lane

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 19 24 (28) Dee Copeland Local RegistrarWhen 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.

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