

1. PLACE OF BIRTH

County of Pickens

Township of _____

or
Inc. Town of _____City of Sasky SC

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 37-A

FI

22 049321

Only

Registered No. 57

(For use of Local Registrar)

(No. _____ St.; _____ Ward)

2. FULL NAME OF CHILD James Earl Bledy
(If born occurs in a hospital or other institution, give name of same instead of street and number)
(If child is not yet named, make supplemental report as directed.)3. Boy or Girl BoyIf Plural
births4. Twin, triplet, or other 2nd6. Premature no

7. Legiti-

mate? yes8. Date of
birthDec 16, 1922
(Month, day, year)5. Number, in order of birth 1stFull term yes9. Full
name

FATHER

Mr. W. H. Martin Bledy18. Full
maiden
name

MOTHER

Myrtle Kate Straker

10. Residence (usual place of abode)

(If nonresident, give place and State)

Sasky SC

19. Residence (usual place of abode)

(If nonresident, give place and State)

Sasky SC11. Color or race White12. Age at last birthday 25 (Years)20. Color or race White21. Age at last birthday 20 (Years)

13. Birthplace (city or place)

(State or country)

S.C.

22. Birthplace (city or place)

(State or country)

S.C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Textile23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.House wife15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.Textile24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.House wife16. Date (month and year) last
engaged in this workDec 16, 1922

17. Total time (years)

spent in this work

3 yr.25. Date (month and year) last
engaged in this workDec 16, 1922

26. Total time (years)

spent in this work

1 yr.

27. Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 028. If stillborn,
period of gestationno{ months
weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 1 A m. on the date above stated
(Born alive or stillborn){ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.(Signed) Wm. J. Guman, M. D.

or _____, Midwife

Address Sasky SCFiled June 17, 1934 W. E. Syatt

Registrar.

Registrar.