

(1) PLACE OF BIRTH

County of Aiken

Township of Breggs

or  
Inc. Town of .....

City of Graniteville S.C. (No. ....)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
24457

Registration District No. 2-B Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child Emory Daniels Ready } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 17 1922 (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME William C. Ready  
(9) PRESENT POSTOFFICE OF FATHER Graniteville S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Aiken Co.  
(13) OCCUPATION Cotton mill  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Bonie S. Still  
(15) PRESENT POSTOFFICE OF MOTHER Graniteville S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Aiken Co.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. E. Lett

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Graniteville S.C.

Given name added from a supplemental report  
..... 191....  
.....  
Registrar

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

(27) Filed Aug 25 1922 W. H. Turnbull, D.D. & H. D. W. S. D. 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.

If a child breathes even once at any month of pregnancy, before the fifth month of pregnancy.