

(1) PLACE OF BIRTH

County of FairfieldTownship of Midway

Inc. Town of

City of

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

(2) Full Name of Child Daniel Albert Reardon (child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22, 1923 (Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Robert Lee Reardon(9) PRESENT POSTOFFICE OF FATHER New Zion T.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)(12) BIRTHPLACE New Zion T.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 7MOTHER.
(14) NAME BEFORE MARRIAGE Margaret Emma Muzone(15) PRESENT POSTOFFICE OF MOTHER Muzone T.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)(18) BIRTHPLACE Muzone T.C.

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marney Bourgeois(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife New Zion T.C.

Given name added from a supplemental report

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

(27) Filed Sept 23, 1923 (28) L. M. Muzone 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.