

Form No 1.

(1) PLACE OF BIRTH

County of WilliamsburgTownship of Mouzonor
Inc. Town ofor
City of

(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

54070

Registration District No. 4306 Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child

William Reardon

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar 5</u> <u>1916</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Reardon

(9) PRESENT POSTOFFICE OF FATHER Kingshire 5

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Williamsburg Co S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Haisy Moss

(15) PRESENT POSTOFFICE OF MOTHER Kingshire S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Charleston Co. S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 o'clock P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Harriet Moss

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

MidwifeMouzon

Given name added from a supplemental report

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Registrar

(26) Witness Walter Reardon
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed Mar 7 1916 (28) J. T. Trivison 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1, THE OTHER, No. 2, etc., in question 2.
McCaw, of Columbia.