(1) PLACE OF BIRTH

County of Clarendon

Township of .....

or

Inc. Town of Manning

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
6546

Registration District No. 130 Registered No. 4
(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 William Lamble Reardon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
Boy	✓	✓	Yes	Feb 2, 1923 (Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME: William Edward Reardon	(14) NAME BEFORE MARRIAGE: Bessie Lamble
(9) PRESENT POSTOFFICE OF FATHER: Manning S.C.	(15) PRESENT POSTOFFICE OF MOTHER: Wyoming S.C.
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 42 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 36 (Years)
(12) BIRTHPLACE: Clarendon Co. S.C.	(18) BIRTHPLACE: Laulsburg N.C.
(13) OCCUPATION: Farmer	(19) OCCUPATION: housewife
(20) Number of children born to mother, including present birth: Four	(21) Number of children of this mother now living, including present birth: Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Feb 2nd at 4:30 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles W. Bunger M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Manning S.C.

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed Feb 5 1923 (28) A. J. White
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.

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