

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or Inc. Town of Charleston

or City of Charleston S.C.

(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  
**84661**

Registration District No. 9A

Registered No. 1291

(For use of Local Registrar)

(2) Full Name of Child Joseph Reagan

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

(3) SEX OR AGE Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov 16 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wm James Reagan

(14) NAME BEFORE MARRIAGE Annie Eliza Benton

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

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

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 26

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 26

(12) BIRTHPLACE New York City

(18) BIRTHPLACE Colleton County, S.C.

(13) OCCUPATION Sailor

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4

(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 8:15 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Cannon, M.D.

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

Given name added from a supplemental report

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

(27) Filed 11/24 1916 (28) H. Cannon 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 fourth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

A. McCay, of Columbia.

Supplemental report must not be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.

Filed 10/24/16