

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of Charlestonor
City of Charleston

(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. 9thRegistered 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 GIRL <u>Boy</u> | (4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Nov 16th 1916</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER. | | MOTHER. | | |
| (8) FULL NAME <u>Wm James Reagan</u> | | (14) NAME BEFORE MARRIAGE <u>Amie Eliza Benton</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u> | | |
| (10) COLOR OR RACE <u>W</u> | (11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small> | (16) COLOR OR RACE <u>W</u> | (17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small> | |
| (12) BIRTHPLACE <u>New York City</u> | | (18) BIRTHPLACE <u>Colleton County, S.C.</u> | | |
| (13) OCCUPATION <u>Shoemaker</u> | | (19) OCCUPATION <u>Domestic</u> | | |
| (20) Number of children born to mother, including present birth <u>4</u> | | (21) Number of children of this mother now living, including present birth <u>3</u> | | |

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 StGiven name added from a supplemen-
tal report

(26) Witness

(Signature of Witness, necessary only
when question 23 is signed by mark)(27) Filed 11/24/16(28) H. Cannon, M.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
fourth month of pregnancy.

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fourth month of pregnancy.

Filed 11/24/16
 Registrar H. Cannon, M.D.

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

McCay, of Columbia.