

# MANITOWOC COUNTY REGISTER OF DEEDS

VOL 59 PAGE 435

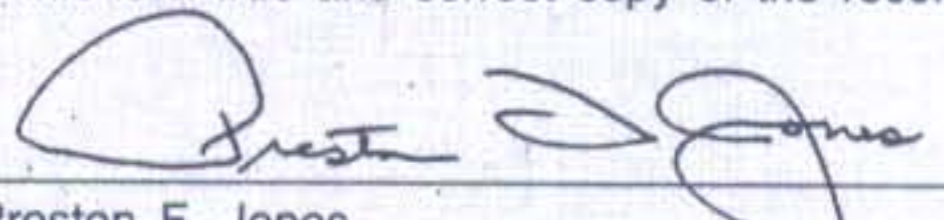
Form 192-5-18-32-150M.

**MAKING RESERVED FOR BINDING**  
 Write Plainly With Unfading Ink—This is a Permanent Record

This form is to be used only by LOCAL REGISTRARS for reporting to REGISTER OF DEEDS. THIS CERTIFICATE TO THE REGISTER OF DEEDS when the report is mailed to the office. DO NOT distribute these blanks to physicians, midwives or other persons required to report births to you.

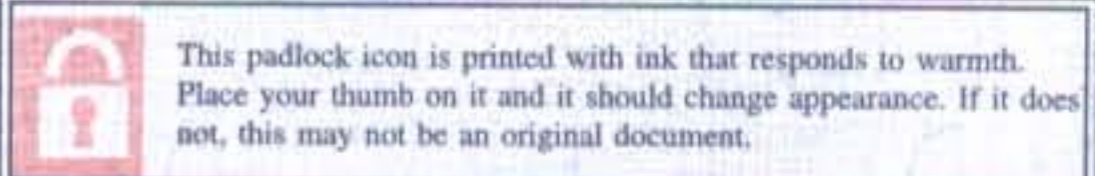
1. PLACE OF BIRTH		STATE OF WISCONSIN	
County of <u>Manitowoc, Wis.</u>		Department of Health—Bureau of Vital Statistics	
Township of _____		COPY OF BIRTH RECORD	
or Village of _____		Page No. _____ (To be filled out by the Register of Deeds)	
or City of <u>Manitowoc, Wis.</u> (No. <u>Holy Family Hosp.</u> St.: _____ Ward)			
2. FULL NAME OF CHILD <u>Cassandra Rose Reardon</u>			
Was 1% silver nitrate used to prevent infant blindness? <u>No</u>	Yes	Was child deformed or physically defective? Yes or No. <u>No</u>	Nature of defect: _____
3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other _____	6. Premature _____
		5. Number, in order of birth _____	Full term <input checked="" type="checkbox"/>
			7. Legitimate? <u>yes</u>
			8. Date of birth <u>June 26 1935</u> Month, day, year
9. Full name <u>Pritchard Reardon</u>		18. Full maiden name <u>Irene Schaden</u>	
10. Residence (Post Office) <u>Manitowoc, Wis.</u>		19. Residence (Post Office) <u>Manitowoc, Wis.</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>32</u> (Years)		21. Age at last birthday <u>33</u> (Years)	
13. Birthplace (city or place) <u>Manitowoc Wis.</u>		22. Birthplace (city or place) <u>Reedsville Wis.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Ship yards</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>June 1935</u>		25. Date (month and year) last engaged in this work <u>June 1935</u>	
17. Total time (years) spent in this work <u>16</u>		26. Total time (years) spent in this work <u>13</u>	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
28. If stillborn, period of gestation _____ (months or weeks)		29. Cause of stillbirth _____	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b> I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>2:45 A.</u> m. on the date above stated (Born alive or stillborn)			
{ When there was no attending physician } { or midwife, then the father, householder, } { etc., should make this return. }		Signed) <u>J. H. Rees</u> , M. D.	
Given name added from a supplemental report _____ (Date of) _____		or _____, Midwife	
_____ Registrar.		Address <u>Manitowoc Wis.</u>	
		Filed <u>July 15, 1935</u> <u>G. M. Hoffmann M.D.</u> Registrar.	

I Preston F. Jones, Register of Deeds, Manitowoc County, Wisconsin, do hereby certify that this is a true and correct copy of the record filed in this office, exclusive of any confidential information.

  
 Preston F. Jones,  
 Register of Deeds

Date Issued: **OCT 22 2004**

THIS RECORD HAS A RAISED SEAL. IT IS ILLEGAL TO REPRODUCE THIS DOCUMENT PER WISCONSIN STATUTE 69.24



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