

9/13/23

(1) PLACE OF BIRTH
 County of Alameda
 Township of Alameda
 City of Alameda
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered Birth No. 2005 Registered No. 2
 (For use of local health officer)

(2) Full Name of Child Charles James
 (If child is not yet named, give name of child as soon as named.)

SEX Male Male Female
 (1) FATHER Charles James
 (2) MOTHER Elizabeth
 (3) FATHER Charles James
 (4) MOTHER Elizabeth
 (5) COLOR Colored (6) RACE 23
 (7) BIRTHPLACE Alameda (8) BIRTHPLACE Alameda
 (9) OCCUPATION Farmer (10) OCCUPATION Farmer
 (11) Number of children born to mother, including present one 1000
 (12) Number of children of this mother now living 1000

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(13) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (14) (Signature) Dr. J. H. Rhoads (15) Address of Physician or Midwife Alameda

(16) Witness G. J. Rhoads (17) Filed July 23 1923 (18) Registrar P. H. Rughan

Given name added from a supplemental report

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

A K S · A F E T Y Δ F I L