

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN NO. 27a (240) OF TWINS OR TRIPLES use a SEPARATE SLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA: COLUMBIA, D. C.

(1) PLACE OF BIRTH

County of Georgetown

Township of

or

Inc. Town of.....

OF

City of San Francisco

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child / Nunna Lee Lambert

(3) BOY GIRL?

(4) **Twin or Triplet**

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(8) Are Parents Married?

(7) DATE OF BIRTH.

BIRTH. July 22, 1922
(State of Month) (Day) (Year)

(b) FULL NAME

15. OTHER

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLO
OR
RACE

Autu

(11) AGE AT LAST BIRTHDAY

.....
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFIC
OF MOTHE

(16) COLOR OR RACE

(18) BIRTHPLAC

(18) OCCUPATIO

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Alma at 12 M.,
on the date above stated. Normal or stillborn After A. M. or P. M.

(23) (Signature

(24) State whether Physician or Midwife

†(25) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness

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

(27) File

when question 23 is a
 19 2 245

Local Registrars

*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.