

44913

City of Los Angeles
(If birth occurs in a hospital, of _____)

(For use of Local Registrar)

(2) Full Name of Child: Helma Catherine Hawthorn

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

(7) DATE OF BIRTH Dec, 23, 1915
(Name of Month) (Day) (Year)

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

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

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

(27) Filed 191 (28) 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 fifth month of pregnancy.

Registrar _____

Registrar :

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