

(1) PLACE OF BIRTH.

County of San Diego

Township of 127

or
Inc. Town of.....

City of Buffalo or

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

(2) Full Name of Child

159, at James Madison

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

(3) **BOY OR GIRL?**

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH June 25, 1922
(Name of Month) (Day) (Year)

FATHER

8) **FULL
NAME**

9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

13) OCCUPATION

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

(11) AGE AT LAST BIRTHDAY.

(Year)

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(28) Witness

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

(27) Filed July 1 1929 (28) File # 111-111111
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.

McCAW OF COLUMBIA: COLUMBIA, S. C.