

## (1) PLACE OF BIRTH

County of San Diego

Township of *Sherrillsburg*

or

Inc. Town of.....  
OF

City of .....

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

(2) Full Name of Child *2* Kelli Lorraine Kelle

File No.—For State Registrar Only

10498

Registration District No. 1106 Registered No. 40

Registered No. 40  
(For use of Local Registrar)

(3) BOY OR GIRL? *G. -*  
*Girl*

(4) **Twin**  
**of Trial?**

(5) Number in order of birth

(6) Are

(7) DATE OF

BIRTH Jan 15 22  
(Name of Month) (Day) (Year)

# FATHER

(8) FULL NAME M. Boyd Saffley

9) PRESENT POSTOFFICE OF FATHER *Radwan*

(10) COLOR OR RACE *W*

(11) AGE AT LAST BIRTHDAY 50

12 BIRTHPLACE

(13) OCCUPATION

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

1. Two

## MOTHER

(14) NAME BEFORE MARRIAGE *Hannie Forsythe*

(15) PRESENT POSTOFFICE OF MOTHER *Redwood*

(18) COLOR OR

(17) AGE AT LAST BIRTHDAY 25

**RACE**

**41B. OCCUPATION**

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

1. Zwei

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was Alvin at 8 P. M.  
on the date above stated. 3 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

22

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 4-24 1972 (28) J. D. Hall  
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.