

PLACE OF BIRTH France
 CITY OF Paris
 DEPT. OF Paris
 STATE OF France
 CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 DEPT. OF VITAL STATISTICS
 STATE BOARD OF HEALTH
 3866
 Registered No. 7009
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make permanent record of name)
 Full Name of Child Claude Lenna Gartin

SEX <u>Boy</u> AGE <u>1</u> DATE OF BIRTH <u>July 1, 1923</u>	PLACE OF BIRTH <u>France</u> CITY <u>Paris</u> DEPT. <u>Paris</u> STATE <u>France</u>
FATHER FULL NAME <u>Edw. C. Gartin</u> PRESENT RESIDENCE OF FATHER <u>Los Angeles, Cal.</u> COLOR OF HAIR <u>White</u> (11) AGE AT LAST BIRTHDAY <u>30</u> BIRTHPLACE <u>Cal.</u> OCCUPATION <u>Armed</u> NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT CHILD <u>3</u>	
MOTHER FULL NAME <u>Ella Cockfield</u> PRESENT RESIDENCE OF MOTHER <u>Los Angeles, Cal.</u> COLOR OF HAIR <u>White</u> (17) AGE AT LAST BIRTHDAY <u>27</u> BIRTHPLACE <u>Cal.</u> OCCUPATION <u>Housewife</u> NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT CHILD <u>3</u>	

SIGNATURE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, with date July 1, 1923 at Paris, France
 on the date above stated.
 (12) Signature [Signature]
 (13) Name of Physician or Midwife L. H. R.
 (14) Address of Physician or Midwife Los Angeles, Cal.