

County of San Francisco Bureau of Vital Statistics
State Board of Health

66252

Township, or or Registration District No. 7000 Registered No.
 Inc. Town of (For use of Local Registrar)
 or
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lee Roy Hunt If child is not yet named, make supplemental report as directed

| | | | | | | | | | |
|-----------------------------------------------------------------|--|----------------------------------------------------------------------|--|-----------------------------------|----------------------------------------------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------------------------------|--|
| (3) BOY OR GIRL? GIRL | | (4) Twin or Triplet? Is he named only in case of Twin or Triplet? | | (5) Number in order of birth 1 | | (6) Are Parents Married? Married | | (7) DATE OF BIRTH 1901 (Name of Month) (Day) (Year) | |
| FATHER. | | | | | MOTHER. | | | | |
| (8) FULL NAME Not known | | | | | (14) NAME BEFORE MARRIAGE James Garza | | | | |
| (9) PRESENT POSTOFFICE OF FATHER | | | | | (15) PRESENT POSTOFFICE OF MOTHER San Juan | | | | |
| (10) COLOR OR RACE | | (11) AGE AT LAST BIRTHDAY (Years) | | | (16) COLOR OR RACE | | (17) AGE AT LAST BIRTHDAY (Years) | | |
| (12) BIRTHPLACE | | | | | (18) BIRTHPLACE San Juan | | | | |
| (13) OCCUPATION | | | | | (19) OCCUPATION San Juan | | | | |
| (20) Number of children born to mother, including present birth | | | | | (21) Number of children of this mother now living, including present birth | | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was shot at 4 M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) ... James Hamsar ...
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 1, 1964 (28) U.S. Pat. & Tm. Office 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.