

File No.—For State Registrar Only  
19418

County of Los Angeles

Township of .....

Inc. Town of .....

City of .....

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

2) Full Name of Child William Burgess

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

(3) BOY OR GIRL? <i>uu</i>	(4) Twin or Triplet?	(5) Number in order of birth
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(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH Jan. 20 1966  
(Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

(2) FULL NAME William Duranese

(14) NAME BEFORE MARRIAGE Melba Howard

(9) PRESENT POSTOFFICE OF FATHER Case G.T. V.S.C.

(15) PRESENT POSTOFFICE OF MOTHER Laure City, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR HAIR Black (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE *London Co.*

(18) BIRTHPLACE Edinboro, Pa.

(13) OCCUPATION  
 7 years office

(19) OCCUPATION Large City

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

(19) OCCUPATION Housewife

(21) Number of children of this mother  
now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]

(23) Signature: \_\_\_\_\_ (24) State whether Physician or Midwife: \_\_\_\_\_ (25) Address of Physician or Midwife: \_\_\_\_\_

Given name added from a supplement-  
tal report

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

(27) Filed Jan 20 1916 (28) C. D. Rollins  
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.

a child breathes even once, it must not be reported as stillborn. No report is required on a stillbirth, even if the child is reported as stillborn.

Form No. 10. MISSING CHILDREN'S AND YOUTH'S REPORTS.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A FOREMAN'S REPORT.  
M. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child.  
FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.