

Form No. 1

(1) PLACE OF BIRTH

County of FlamethTownship of W. Annor
Inc. Town ofor
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

Robert Lee

File No. - For State Registrar Only

3833

Registration District No. 2001Registered No. 15
(For use of Local Registrar)

(No. St. Ward)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 11 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Gray(9) PRESENT POSTOFFICE OF FATHER San Felipe(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 20
(Year)(12) BIRTHPLACE Calif.(13) OCCUPATION Sabarer at Saw mill(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Gray(15) PRESENT POSTOFFICE OF MOTHER San Felipe(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 18
(Year)(18) BIRTHPLACE Calif.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 8:00 M., on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))(22) (Signature) Paula P. Davis(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife San Felipe

Given name added from a supplemental report

(25) Witness

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

(26) Filed Feb 25 1923(27) Local Registrar M. L. Boston

*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.