

1(1) PLACE OF BIRTH

County of San Diego Co.
Township of San Marcos
or
Inc. Town of

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

(2) DOY OR GALS	(4) Topt or Triplet	(3) Number in order of birth	(5) Are Twins Marked?	(6) DATE OF BIRTH
42	To be answered only in event of Twins or Triplets	1	Yes	02/19/83 (Month) (Day) (Year)

FATHER.

(1) FULL NAME Thomas Huebner

(2) PRESENT RESIDENCE OF FATHER Ridgely, Ill.

(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Berkely Co

(13) OCCUPATION Farming

(20) Number of children born to mother. (Indicate present birth order) 1 2

MOTHER.

(1A) NAME BEFORE MARRIAGE Elizabeth Pringle

(1B) PRESENT POSTOFFICE OF MOTHER Redsville

(1C) COLOR OR RACE Colored (1D) AGE AT LAST BIRTHDAY 22 (Years)

(1E) BIRTHPLACE Bertie Co

(1F) OCCUPATION Housewife

(2F) Number of children of this mother now living, including present birth order 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(30) (Signature) [Signature]
(34) State whether Physician or Midwife (35) 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)

(ST) 71024... 23 (ST) 71024... 23

*When there was no attending physician or midwife, then the father, householder, etc., must report if a child breathes even once, it must not be reported as stillborn. No report is to be made before the fifth month of pregnancy.