

1. PLACE OF BIRTH

County of CalaverasTownship of ColomaSection of ColomaCity of ColomaDistrict of Coloma

## CERTIFICATE OF BIRTH

STATE OF CALIFORNIA

BUREAU OF VITAL RECORDS

State Department of Health

REGISTRATION UNIT NUMBER

80-3688

Registration District No. 74Registration Month MSD

(Month of birth)

(Year)

If birth occurred in other place than State of California, name of State and County where born

2. Full Name of Child Robert Bell Elliott

If child deceased, state name, date of birth and cause of death

3. BOY OR

GIRL

(4) Father  
or Adoptive Father(5) Mother  
or Adoptive Mother(6) Age  
of Parent  
Mother(7) DATE OF  
BIRTH(Name of Month) May (Year) 1954

(Year)

FATHER

MOTHER

4. FULL  
NAME Robert Bell ElliottNAME SINCE BORN  
Robert Bell Elliott5. PRESENT  
MATERIAL  
OF FATHER6. PRESENT  
POSITION  
OF MOTHER7. NAME  
(10) LATEST  
BIRTHDAY(11) AGE AT LAST  
BIRTHDAY

8. AGE

(Years)

(Years)

9. EMPLOYMENT

10. EMPLOYMENT

11. OCCUPATION

12. OCCUPATION

12. Number of children born to  
mother including present birth13. Number of children mother  
now living including present birth

## CERTIFICATE OF BIRTH ATTENDING PHYSICIAN OR MIDWIFE \*

13a. I hereby certify that I attended the birth of this child, who was stillborn, dead, alive  
(Born alive or stillborn) (Born A.D. or P.M.)  
on the date above stated.(13b) (Signature) Dr. W. H. Bell (13c) (Signature) W. H. Bell

(13d) Below when either physician or midwife, addressee of certificate, signatures

midwife W. H. Bell14. Name and full address of physician  
or midwife15. Name  
(Signature or witness necessary only)  
when question 14 is signed by midwife16. Report of  
Registration17. Report of  
Registration

Local Registrar

18. 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.If  
soReported as stillborn, householder, etc., should make this return  
with month of pregnancy. NO report is desired of stillbirths before the  
fifth month of pregnancy.Filled in 10/12/70 by Registrar