

McCaw. of Columbia.

(1) PLACE C

(1) PLACE OF BIRTH

County of Alameda

Township of Allen

or

Inc. Town of

OF

City 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. James Mathews .. } If child is not yet named, make supplemental report as directed

(3) BOY
GIRL

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(6) Are
Part
Mar

Parents Married

(7) DATE OF BIRTH—

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

(II) AGE AT LAST BIRTHDAY —

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY —

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born alive at M.
on the date above stated. 97 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife.

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registar

(26) Witness

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

(27) Filed

(28)

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.