

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

18605

County of Alameda STATE OF California

Township of Waukegan

OF
The TOWN OF

OR

Registration District No. 7006

Registered No. 2-3

(For use of Local Registrar)

(No. St. Ward)
 (If name instead of street and number.)

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

(2) Full Name of Child

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

3) BOY OR GIRL *1* 4) Twin or Triplet? *1* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 2, 1922*
(Name) (Month) (Day) (Year)

FATHER

3 FULL NAME *John J. [illegible]*

PRESENT
POSTOFFICE
OF FATHER *in Moscow*

10 COLOR
OR
RACE

(11) AGE AT LAST
BIRTHDAY

12 BIRTHPLACE

13. OCCUPATION

27 Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Avi Fauce

(15) PRESENT POSTOFFICE OF MOTHER *Winnerville*

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Year) 1947

(10) BIRTHPLACE
BIRMINGHAM, ALA.

(19) OCCUPATION *Lawyer*

(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... at...
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) [Signature] Physician or Midwife (24) Address of Physician or Midwife [Address]

(24) State whether Physician or Midwife *Physician*

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed July 20 1972 (28) M. J. H. ...
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.