

WRITE PLAINLY, WITH UNFADING INK. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH
County of Alameda
Township of Alameda
City of Alameda
(If birth occurs in a hospital or other institution, give name instead of street and number.)

Registration District 2004 Registered No. 29
(For use of Local Registrar)

(2) Full Name of Child Eda Genh. Smith (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD girl (4) Type or Type girl (5) Number in order of birth 1 (6) DATE OF BIRTH July 22 (7) DAY 22 (8) MONTH 7 (9) YEAR 23

FATHER: (10) FULL NAME Elliot Smith (11) PRESENT POSTOFFICE OF FATHER Fluence & Co (12) COLOR OR RACE colored (13) AGE AT LAST BIRTHDAY 39 (14) BIRTHPLACE public works

MOTHER: (15) FULL NAME Jannie Durent (16) PRESENT POSTOFFICE OF MOTHER Fluence (17) COLOR OR RACE colored (18) AGE AT LAST BIRTHDAY 34 (19) BIRTHPLACE domestic

(20) Number of children born to mother, including present birth 19 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:
(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Martha G. Smith (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 11 23 (28) J. C. Hall Local Registrar