

File No.—For State Registrar Only

County of San Diego

Township of Platte & Perry

Inc. Town of.....

City of

Registration District No. 3100

Registered No. 8

(For use of Local Registrar)

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

(2) Full Name of Child Dequay, James

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

21 BOY OR
GIRL? 2

(4) Title or Trust Lurie (5) Number by order of birth 6
To be answered only in event of Title or Trust

(b) Are Parents Married? *Yes*

7. DATE OF BIRTH Feb 1 1923
(Name of Month) (Day) (Year)

FATHER

in FULL
PAGE *Wiken Coast*

1) PRESENT POSTOFFICE OF FATHER *Edmond*

(10) COLOR OR HAIR *White* (11) AGE AT LAST BIRTHDAY *40* (Year)

12) BIRTHPLACE S F

13) OCCUPATION *Student*

70) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Levin Stinepart

(18) PRESENT POSTOFFICE OF BROTHER *Edmond*

(18) COLOR OR RACE *White* (19) AGE AT LAST BIRTHDAY *2* (Years)

(b) BIRTHPLACE *W.C.*

10 OCCUPATION *Housewife*

(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 _____, M.,
on the date above stated. _____ Born alive or stillborn. _____ M or P M.)

(203) (Signature)

(24) State whether **Physician or Midwife**

(28) Address of Physician or Midwife

(Given name added from a supplemental report)

may 8 1923.
 June 5 1923

(203) **Witness**

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

(107) ~~ma~~ ma. 1. 23.

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.

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