

File No.—For State Registrar Only

32230

Registered No. 91
(For use of Local Registrar)

(No. St.; Ward)
Institution, give name of same instead of street and number.)

..... (No.)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

17 DATE OF

BIRTH Sept 25, 1929
(Name of Month) (Day) (Year)

MOTHER

(14) NAME BEFORE MARRIAGE Mrs Gertrude Fohle

(15) PRESENT POSTOFFICE OF MOTHER *Los Angeles 4*

(18) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY..... *25*.....
(Years)

(18) BIRTHPLACE 10 F 2 2 2

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 12

(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 .. or ..

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(28) **Witness**

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

(27) Filed

• 19 •

(28)..... Lock Registrar

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.

is a calm creature even once, it must not be reported as stillborn. No report is desired or submitted before the fifth month of pregnancy.