

File No. — For State Register Only

**6584**

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

2) <b>DOT OR OTHER</b> <i>nil</i>	4) <b>Twin or Triplet?</b> To be answered only in event of Twin or Triplet	5) <b>Number in order of birth</b>	6) <b>Age Present</b> <i>18</i>	7) <b>DATE OF BIRTH</b> <i>Feb 10 1923</i> (Name of Month) (Day) (Year)
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MOTHER.

(14) NAME BEFORE MARRIAGE Mella Watson

(15) PRESENT POSTOFFICE OF MOTHER Reminisc

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Clarendon Co

(19) OCCUPATION Home & field

(21) Number of children of this mother now living, including present birth 13

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(26) (Signature) Barbara Johnson  
(24) State of California Christian or Midwife (25) Residence of Ethyl: \_\_\_\_\_ or Midwife \_\_\_\_\_

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

(27) Filed Mar 10 1943 (28) Chas. E. ... 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.