

(1) REGISTRATION OF BIRTH

CERTIFICATE OF BIRTH

JANUARY 1900
BUREAU OF VITAL STATISTICS
STATE OF CALIFORNIAFILE NO. 100-1000000
48240County of CalaverasTownship of San JoseIncl. Town of San JoseCity of San JoseRegistration District No. 220

(For use of Local Health Officer)

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

(2) Full Name of Child Francis Marion Herby Is child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married Yes (7) DATE OF BIRTH July 20 (Name of Month, Day, Year)

FATHER

(8) FULL NAME Samuel H. Herby(9) PRESENT POSTOFFICE OF FATHER San Jose(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE San Jose(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER

(15) NAME BEFORE MARRIAGE Sikes(16) PRESENT POSTOFFICE OF MOTHER San Jose(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 19 (Years)(19) BIRTHPLACE San Jose(20) OCCUPATION Housewife(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 born at 1130 (Hour & M. or P.) on the date above stated.(23) (Signature) W. H. Sikes(24) State whether Physician or Midwife (25) Address of Physician or Midwife San Jose

(26) Name of Hospital or Institution (27) Name of Hospital or Institution

(28) Witness (Signature of Witness necessary only when question 26 is signed by mother)

(29) Date July 20 (30) Signature of Registrar W. H. Sikes

MARGIN RESERVED FOR BINDING. WHEN CLAIMED, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 5.