

(1) PLACED ON BIRTH

County of *San Diego*

Township of *San Diego*

Inc. Town of *San Diego*

City of *San Diego*

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

(2) Full Name of Child *Robert Lee Johnson*

(3) BOY OR GIRL? *Boy*

(5) FULL NAME *Joe Johnson*

(6) PRESENT POSTOFFICE OF FATHER *San Diego*

(7) COLOR OR RACE *White*

(8) BIRTHPLACE *San Diego*

(9) OCCUPATION *San Diego*

(10) Number of children born to mother, including present birth *First*

(11) I hereby certify that I am a duly qualified person to perform the duties of a birth recorder on the date above stated.

Given under my hand and seal of office this *1st* day of *June* 19*34* at *San Diego*, California.

CERTIFICATE OF BIRTH

NAME OF BIRTH RECORDER *Robert Lee Johnson*

DATE OF BIRTH *June 1, 1934*

PLACE OF BIRTH *San Diego*

NAME OF FATHER *Joe Johnson*

NAME OF MOTHER *Robert Lee Johnson*

DATE OF BIRTH *June 1, 1934*

PLACE OF BIRTH *San Diego*

NAME OF FATHER *Joe Johnson*

NAME OF MOTHER *Robert Lee Johnson*

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DATE OF BIRTH *June 1, 1934*

PLACE OF BIRTH *San Diego*

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RECORDERS OF BIRTH, DEATHS, AND MARRIAGES, WHOSE DUTIES ARE DEFINED IN A. 1. THIS OFFICE, No. 2, etc., in question 2.
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