

File No.—For State Engineer Use
18251-a

County of Franklin
Township of South
or
Inc. Town of _____

Registration District No. 2906

Registered No. 24
(For use of Local Registrar)

City of Los Angeles (No. 100-100000 St. 10 Ward 10)
 Address 100000 or other institution. Give name of same instead of street and number.)

(2) Full Name of Child Isaac Williams If child is not yet named, make supplemental report as directed

(7) BOY OR
GIRL? 7

(8) Type
of Trauma 7

(9) Number in
order of birth 7

(10) Are
Parents
Married? Yes

(11) DATE
BIRTH June 4 1973 -
Month () Day () Year ()

FATHER (1) FULL NAME <u>Sam Williams</u>		MOTHER (1-2) NAME BEFORE MARRIAGE <u>Mrs. Munday</u>	
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PRESENT PREVIOUSLY PRESENT PREVIOUSLY
Gray Court SC #2 Gray Court SC #2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42

(12) BIRTHPLACE S.C. (13) BIRTHPLACE S.C.

(1b) OCCUPATION	Farmer	(1b) OCCUPATION	Housework
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(30) Number of children born to mother, including present birth 17

(31) Number of children of this mother now living, including present birth 17

(28) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(10) (Signature) <i>[Signature]</i>	(11) Address of physician or midwife <i>[Address]</i>
(14) State <i>[State]</i> Physician or Midwife <i>[Signature]</i>	

Given name added from a supplement- tal report	(38) Witness (Signature of Witness necessary only when question 38 is signed by mark)
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Registrar

When there was no attending physician or nurse, the fact must be reported as stillborn. No report is required or submitted if a child breathes even once, it must not be reported as stillborn. No report is required or submitted before the fifth month of pregnancy.

if a child breathes even twice. It must not be used at all before the sixth month of pregnancy.
