

County of San Diego .....

Inc. Town of .....

City of .....

12 Birth occurs in a hospital or

**State Board of Health**

19145

Inc. Town of .....

Registration District No. 2800

Registered No. 13-

(For use of Local Registrar)

City of .....

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

2) Full Name of Child.....

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

BOY OR  
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are  
Parents  
Married? *Yes*

(7) DATE OF BIRTH 6, 16, 1921  
(Name of Month) (Day) (Year)

# FATHER.

DATE 7  
TIME Port Royal

8 Dec 1944

(11) AGE AT LAST BIRTHDAY 21  
(Years)

3100 RELEASE

**REGISTRATION**

.....  
 \* .....

(14) NAME BEFORE MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR  
OR  
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

# MOTHER

(14) NAME BEFORE MARRIAGE Taylor

(15) PRESENT POSTOFFICE OF MOTHER *Yonkers*

(16) COLOR OR RACE 12 (17) AGE AT LAST BIRTHDAY 21

(:8) BIRTHPLACE

(19) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

2. I hereby certify that I attended the birth of this child, who was born alive at 3 W  
on the date above stated. (Born alive or stillborn) (M, F)

(23) (Signature) *D. H. Henderson* *not at*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 19, 2022 (28) A. M. Henson  
Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is stillborn even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.