

(1) PLACE ON UNIT

County of San Diego

Township of

Inc. Town of ...

City of Chickasha

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

(2) Full Name of Child Travis Tustin

If child is not yet named, make supplemental report directed

(3) **BOY ONLY**

(4) **Twice**

(b) Number in

(b) Are

(7) DATE OF

1990

FATHER

(b) FULL NAME Ernest R. M. Gutosh

PRESENT POSTOFFICE OF FATHER *Chas*

(10) COLOR ON FACE *White*

(11) AGE AT LAST BIRTHDAY.....22

75 BIRTHPLACE

(15) occupation Auto-Trimmer

(20) Number of children born to mother, including grand birth

MOTHER

(14) NAME BEFORE MARRIAGE *Ermine L. Anderson*

(18) PRESENT POSTOFFICE OF BROTHER Q. Wahah

(18) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23*

(18) BIRTHPLACE Black

(10) OCCUPATION
Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive ... at ...
on the date above stated. (Place name of child) (Place date of birth)

(26) (Signature)

(24) State whether Physician or Midwife

(28) Address of physician or address of _____

Given name added from a supplemental report

(20) Witness
(Signature of Witness necessary only
when question 23 is signed by mark) //

(27) Filed 24 19 23 2023 March 24 2023
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.