

(1) PLACE OF BIRTH

County of San Diego

Township of

Inc. Town of.....

City of

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

(2) Full Name of Child

3) BOY OR GIRL

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH.....*Apr 24* 19*22*
(Name of Month) (Day) (Year)

FATHER.

3) FULL NAME

9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR FACE

12 BIRTHPLACE

(11) AGE AT LAST BIRTHDAY

(Years)

13) OCCUPATION

20) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether

Physician or Midwife

(23) 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

when question 23 is signed by male
 10-19-22 (23) D. C. Browning
 Local Registrar

19.....
 Registrar

(27) Filed.....

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.

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