

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### CITY AND COUNTY OF SAN FRANCISCO

**California State Birth of Wealth** State Index No. 0000001

**<sup>1</sup>PLACE OF BIRTH** BUREAU OF VITAL STATISTICS

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**STANDARD CERTIFICATE OF BIRTH** Local Registered No. 0001

City and Country of **SAN FRANCISCO**

(No. **St. Francis Hospital st.;** [ If birth occurred in a hospital or institution, give its NAME instead of street ----- Ward) and number. ]

**<sup>2</sup>FULL NAME OF CHILD** JOHN DOE (yet named. make supplemental report, as directed)

PERSONAL AND STATISTICAL PARTICULARS			
<b><sup>3</sup>SEX OF CHILD</b> <b>Male</b>	<b>4 Twin, Triplet, or Other</b> (To be answered only event of plural births)	<b>5 Number in Order of Birth</b>	<b>DATE OF BIRTH</b> ----- <b>01</b> ----- <b>01</b> ----- <b>1900</b> (Month)----- (Day)----- (Year)
<b><sup>7</sup>FULL NAME FATHER</b> <b>John Doe</b>		<b><sup>13</sup>FULL NAME MOTHER</b> <b>Joanna Doe</b>	
<b><sup>8</sup>RESIDENSE</b> <b>San Francisco,</b> <b>G. Washington Ave, 12.,</b> City <b>Calif.</b> State		<b><sup>14</sup>RESIDENSE</b> <b>San Francisco,</b> <b>G. Washington Ave, 12,</b> City <b>Calif.</b> State	
<b><sup>9</sup>COLOR OR RACE</b> <b>White</b>	<b><sup>10</sup>AGE AT LAST BIRSDAY</b> ----- <b>23</b> ----- (Years)	<b><sup>15</sup>COLOR OR RACE</b> <b>White</b>	<b><sup>16</sup>AGE AT LAST BIRSDAY</b> ----- <b>23</b> ----- (Years)
<b><sup>11</sup>BIRTHPLACE</b> <b>San Francisco</b> (State of Country) <b>Calif.</b>		<b><sup>17</sup>BIRTHPLACE</b> <b>Eureka,</b> (State of Country) <b>Los Angeles.</b>	
<b><sup>10</sup>OCCUPATION</b> (a) Trade, profession, or particular kind of work ----- <b>Car Conductor</b> -----  (b) General nature of industry, business, or establishment in which employed (or employer) <b>United Railroads</b>		<b><sup>18</sup>OCCUPATION</b> (a) Trade, profession, or particular kind of work ----- <b>Housewife</b> -----  (b) General nature of industry, business, or establishment in which employed (or employer) <b>"</b>	
<b><sup>10a</sup> Was a prophylactic for Ophthalmia Neonatorum used? -- <u>Yes</u> if so, what? ----- <u>Silver Nitrate 1%</u> -----</b>		<b><sup>19</sup> Number of children born to this mother, including present birth <u>1</u></b>	
		<b><sup>20</sup> Number of children born to this mother now <u>1</u></b>	

**<sup>21</sup> CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive ----- at 6.18 pm

(born alive or stillborn)

When there was not attended physician or midwife, than the father, householder, etc. should make this return. A stillborn child is such that neither breathes or shows other witnesses of life after birth.

(Signature) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Dated 01/01/ 1900 \_\_\_\_\_ PHYSITIAN SIGNATURE \_\_\_\_\_  
(Physician or midwife or other signature)

Given the name from a suromental report \_\_\_\_\_ 01, 01. \_ 1900  
\_\_\_\_\_ m.1.  
Form 2. 45300 4-19 10M Registrar

Address \_\_\_\_\_ 2258 \_\_\_\_\_ (SIGNATURE) \_\_\_\_\_

SIGNATURE (DEC 261919) \_\_\_\_\_ JOHN DOE \_\_\_\_\_  
Registrar or Deputes

SIGNATURE  
(THE GREAT  
SEAL OF  
THE STATE OF  
CALIFORNIA)

STATE OF CALIFORNIA, CITY AND COUNTRY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on life in SAN FRANCISCO DEPARTMENT OF PUBLIC

HEALTH as of the date issued. Signature (2006 JUN 01 AM 11.00)

DATE ISSUED \* 002332332\*

SIGNATURE  
(SEAL OF THE CITY  
AND COUTY OF SAN  
FRANCISCO)

SIGNATURE  
(THE GREAT SEAL OF  
THE STATE OF CALIFORNIA)

Signature  
John Doe

Health Officer and Local Registrar

DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City County Health Officer

ANY ALTERATION OR ERASURE VOIDS CERTIFICATE

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