

STATE OF CALIFORNIA

Department of
Public Health

THIS IS TO CERTIFY, THAT
THIS IS A TRUE COPY
OF THE DOCUMENT
FILED IN THIS OFFICE.

Malcolm H. Merrill
MALCOLM H. MERRILL, M. D.
STATE DIRECTOR OF PUBLIC HEALTH
AND REGISTRAR OF VITAL STATISTICS

Date: **NOV 2 1962**

CERTIFICATION
FEE PAID
170.75 00
CALIFORNIA STATE
DEPT. OF PUBLIC HEALTH

D500 0405

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION
DISTRICT AND 3301 823
CERTIFICATE NUMBER

FILE 43-081129

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

1a. NAME OF CHILD—FIRST NAME
GERALD

1b. MIDDLE NAME
WILSON

1c. LAST NAME
DANA

2. SEX
Male

3a. THIS BIRTH SINGLE, TWIN OR TRIPLET?

3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?

4a. DATE OF BIRTH—MONTH DAY YEAR
June 26, 1943

4b. HOUR
1:52 A. M.

5a. PLACE OF BIRTH—NAME OF HOSPITAL
Riverside County Hospital

5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS)
Riverside

5c. CITY OR TOWN
Riverside

5d. COUNTY
Riverside

6a. MAIDEN NAME OF MOTHER—FIRST NAME
RUTH

6b. MIDDLE NAME

6c. LAST NAME
WILSON

7. COLOR OR RACE OF MOTHER
White

8. AGE OF MOTHER (AT TIME OF THIS BIRTH)
37 YEARS

9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Mexico

10. MAILING ADDRESS OF MOTHER (IF DIFFERENT FROM USUAL RESIDENCE FOR NOTIFICATION OF BIRTH)

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS)

11b. IF INSIDE CORPORATE LIMITS
 CHECK HERE

11c. IF OUTSIDE CITY CORPORATE LIMITS
 ON A FARM NOT ON A FARM

11d. COUNTY
Riverside

11e. STATE
California

12a. NAME OF FATHER—FIRST NAME
LORAL

12b. MIDDLE NAME
CLARENCE

12c. LAST NAME
DANA

13. COLOR OR RACE OF FATHER
White

14. AGE OF FATHER (AT TIME OF THIS BIRTH)
38 YEARS

15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Arizona

16a. PRESENT OR LAST OCCUPATION

16b. KIND OF INDUSTRY OR BUSINESS

17a. PARENT OR OTHER INFORMANT—SIGNATURE (SEE INSTRUCTIONS)
Ruth W. Dana

17b. DATE SIGNED BY INFORMANT
Riverside

18a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THE BIRTH)—SIGNATURE (SEE INSTRUCTIONS)
Ad. Merrill, M.D.

18b. ADDRESS

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT

20. LOCAL REGISTRAR—SIGNATURE
M. F. Franke, M.D.

21. DATE RECEIVED BY LOCAL REGISTRAR
July 3, 1943

22a. HOW MANY OTHER CHILDREN ARE NOW LIVING?

22b. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?

22c. HOW MANY FETUSES BORN DEAD AFTER 20 WEEKS GESTATION?

23. FIRST DAY OF LAST NORMAL MENSES (MONTH, DAY, YEAR—ENTER ONLY WHEN MENSTRUAL DATE IS KNOWN)

24. DURING WHAT MONTH OF PREGNANCY WAS PRENATAL CARE BEGUN? (IF NONE SO STATE)

25. WEIGHT AT BIRTH
LBS OZS

26. LENGTH AT BIRTH (CROWN-HEEL)
INCHES

27. BIRTH INJURY TO CHILD
IF YES DESCRIBE
 NO YES

28. CONGENITAL MALFORMATIONS
IF YES DESCRIBE
 NO YES

29. COMPLICATIONS OF PREGNANCY, LABOR AND DELIVERY
IF YES DESCRIBE
 NO YES

30. OPERATION FOR DELIVERY (OTHER THAN EPISIOTOMY)
IF YES DESCRIBE
 NO YES

31. OTHER DATA