STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

A

State Index No. _____

Local Registered No. 1259

[1] PLACE OF BIRTH. Dist. No. 1901
(To be inserted by Registrar)

California State Board of Health
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

County of LOS ANGELES

City of LOS ANGELES (No. 220 N. Harbor Blvd. St.; _____ Ward)

[If birth occurred in a hospital or institution, give its NAME instead of street and number.]

District San Pedro

[2] FULL NAME OF CHILD Emilia Vasquez

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

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX OF CHILD: Fem.

[4] Twin, Triplet, or Other / [5] Number in Order of Birth (To be answered only in event of plural births)

[6] DATE OF BIRTH Feb. 6 (Month) (Day) 1921 (Year)

FATHER

[7] FULL NAME: Jose Vasquez

[8] RESIDENCE: San Pedro (City) (State)

[9] COLOR OR RACE: Wh.

[10] AGE AT LAST BIRTHDAY: 42 (Years)

[11] BIRTHPLACE: Mexico (State or country)

[12] OCCUPATION
(a) Trade, profession or particular kind of work: Lumber Handler
(b) General nature of industry, business, or establishment in which employed (or employer):

[18a] Was a prophylactic for Ophthalmia Neonatorum used? Yes
If so, what? Ag No 3

MOTHER

[13] FULL MAIDEN NAME: Jesus Delgado

[14] RESIDENCE: San Pedro (City) (State)

[15] COLOR OR RACE: Wh.

[16] AGE AT LAST BIRTHDAY: 31 (Years)

[17] BIRTHPLACE: Mexico (State or country)

[18] OCCUPATION
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

[19] Number of children born to this mother, including present birth: 5

[20] Number of children of this mother now living: 3

[21] CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) *at* 4½ P. M. *on the date above stated.*

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Winn

Dated 2 - 7 1921 Physician (Physician, midwife, father, etc.)

Address San Pedro

Given name added from a supplemental report 7-23-21 J.S. Registrar

[22] Filed Feb. 9 1921 _____ Registrar or Deputy

INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk. MAY 2 9 2008

Dean C Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

PBNCO (Rev) 08/08

019334596

MIDWEST BANK NOTE COMPANY
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE