	Town of LQS_	ita Barbara Alamos		TATISTICS REPORT OF BIRTH	Local Registered No.*	
	City of		No		(If birth och hospital or instituted) Ward) Ward) its NAME instituted	litution oie
3	SEX OF CHILD* Female	'Twin* triplet or other (To be answered or	and in order of birth in event of plural births)	HEREBY CERT bas bee	IFY that the child describent named: (Please print)	ed bereit
	DATE OF BIRTH*	August (Month)	31 1899 m- (Day) (Year		MA PORTOR OF THE PARTY OF THE P	
	FULL* NAME MAX	Z. King Mother		315116 U16	49. Marail	
1	MAIDEN RECT	el Morris	•• •	Filed 1/8 19	Hasson Whether seemen or a 44 Assistance	

Supplemental reports of births must be filed PROMPTLY with (and blanks may be obtained from) the LOCAL REGISTRAR of the Registration District in which the birth occurred.

Local registrars must transmit supplemental reports with the original certificates for each month to the State Registrar at Sacramento, California, on the FIFTH day of the following month.