

929 Gaviota Ave Long Beach California, Jan. 27-1943.

The Bureau of Vital Statistics
Boise Idaho.

JAN 29 1943

Gentlemen-

I am needing your help in getting the birth certificates of my 10 children who were all born in Dingle-Bear Lake Co. Idaho between the years 1886, and 1903 inclusive. They were all born at home with no doctor only a midwife and a neighbor. At that time we knew nothing about having the births of babies registered at the state capitol (if they were doing so at that time) but I did keep a very strict and accurate account myself. At this time I am the only living witness to their births and I want that each one should have a birth certificate. I am writing to you for blanks to fill in, and I'll get them notarized. Then what should I do from then on to get the certificates? and what will the cost be? I am anxious to get this done as soon as possible. So will appreciate your help, at an early date.

Sincerely,

Mrs. Nora E. C. Ream (The mother)
929 Gaviota Ave Long Beach California

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Read Instructions on Back

VITAL STATISTICS

1. <u>William Wesley Crockett Peam</u> FULL NAME OF CHILD		DISTRICT No. _____ REGISTRAR'S No. _____	
2. PLACE OF BIRTH: (A) COUNTY <u>Bear Lake</u> (B) CITY OR TOWN <u>Dingle</u> IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (C) NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION (D) MOTHER'S STAY BEFORE DELIVERY: <u>At Home at Dingle</u> IN HOSPITAL OR INSTITUTION, IN THIS COMMUNITY SPECIFY WHETHER YEARS, MONTHS OR DAYS		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: <u>Idaho</u> (B) STATE <u>Idaho</u> YEARS MONTHS DAYS (C) COUNTY <u>Bear Lake</u> YEARS MONTHS DAYS (D) CITY OR TOWN <u>Dingle</u> YEARS MONTHS DAYS IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (E) STREET AND NUMBER _____	
4. SEX <u>male</u>	5. TWIN OR <u>Single child</u> IF SO—BORN <u>Aug 22/1886</u> TRIPLET _____ 1ST _____ 2D _____ 3D _____	6. NUMBER OF MONTHS OF PREGNANCY <u>9</u>	7. DATE OF BIRTH <u>7:30 P.M. Aug. 22. - 1886</u> MONTH BY NAME DAY YEAR
FATHER OF CHILD		MOTHER OF CHILD	
8. FULL NAME <u>William Dewine Peam</u> 9. COLOR OR RACE <u>white</u>		15. FULL MAIDEN NAME <u>Nora Ellen Crockett</u> 16. COLOR OR RACE <u>white</u>	
10. AGE AT TIME OF THIS BIRTH <u>26</u> YEARS		17. AGE AT TIME OF THIS BIRTH <u>23</u> YEARS	
11. LENGTH OF RESIDENCE IN CALIFORNIA <u>Idaho</u> YEARS MONTHS DAYS		18. BIRTHPLACE <u>Logan Utah</u>	
12. BIRTHPLACE <u>Chariton Iowa</u>		19. USUAL OCCUPATION <u>House wife</u>	
13. USUAL OCCUPATION <u>Farmer and stock raiser</u>		20. INDUSTRY OR BUSINESS _____	
14. INDUSTRY OR BUSINESS <u>Farmer & Stock raiser.</u>		22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: _____	
21. CHILDREN BORN TO THIS MOTHER: <u>First child.</u> (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? _____ (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? _____ (C) HOW MANY CHILDREN WERE BORN DEAD? _____			
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF <u>7:30 P.M.</u> ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <u>I am</u> RELATED TO THIS CHILD AS <u>Mother</u>			
24. DATE RECEIVED BY LOCAL REGISTRAR _____		ATTENDANT'S OWN SIGNATURE _____	
25. REGISTRAR'S SIGNATURE _____		M.D., MIDWIFE OR OTHER _____ DATE SIGNED _____	
26. GIVEN NAME ADDED _____ BY _____ DATE _____ REGISTRAR _____		ADDRESS _____	
27. (A) PREGNANCY, COMPLICATIONS OF: <u>none</u> (B) LABOR, COMPLICATIONS OF: <u>none</u> (C) WAS THERE AN OPERATION STATE ALL FOR DELIVERY? <u>YES OR NO</u> INDUCED? <u>No</u> OPERATIONS: _____ (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? <u>YES OR NO</u> IF YES, STATE DRUG _____		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? <u>No</u> DESCRIBE: _____ BIRTH INJURY? <u>No</u> DESCRIBE: _____ (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <u>No</u> IF SO, AT WHAT PERIOD OF GESTATION? _____ MOS. IF NOT, WHY NOT? <u>no need</u>	
STATE OF CALIFORNIA <u>Idaho</u> DEPARTMENT OF PUBLIC HEALTH		CERTIFICATE OF LIVE BIRTH U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS	

INSTRUCTIONS

1. **This is a legal document. It is a permanent record.**
2. A birth certificate must be filed for every child born. In case of plural births a separate certificate must be filed for each child.

A stillbirth must be registered on a special stillbirth certificate. If, however, the foetus has not advanced to the fifth month of uterogestation no certificate need be filed.

3. All information called for on this certificate must be given. Read the printed matter carefully.
4. **The physician** in attendance must file the birth certificate with the local registrar of the registration district in which the birth occurs within four days after the birth. If there was no physician in attendance, then the midwife or person acting as such, must file the birth certificate with the local registrar. If no person attended the birth, then the father or mother must file the birth certificate with the local registrar.
5. In Freeholders Charter Cities and in those cities of 5,000 inhabitants or more at the last census which have a contract with the county health officer to care for the health work in that city, the health officer is the local registrar.

In other cities of 5,000 inhabitants or more at the last census, the city clerk is the registrar.

The balance of each county is divided into rural registration districts, with the registrar especially appointed. It is customary for city clerks to act as registrars for rural districts. Information concerning district boundaries can be obtained from the Department of Public Health, Vital Statistics, Sacramento.

6. **Signature.** This certificate must bear the **actual signature** of the physician, midwife or person acting as midwife. Typewritten and rubber stamp signatures are not legal and can not be accepted.
7. If the child is not named before this certificate is filed a **supplemental report of birth** must be filed with the local registrar as soon as the child is named. Secure the blank from the local registrar.
8. Fill out the certificate (except signatures) with typewriter if possible. Otherwise **write plainly** with black ink.
9. **Be careful in spelling names. Make them legible.**

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

*at this time they did not register births. I had a midwife
she and her assistant are both dead. I am the only witness living.*



Wesley born at ^{Sunday} 7:30 P.M., Aug 22 - 1886.
Mitchel Alvin. 1 A.M., Monday, Monday Apr 23 - 1888
Lee Emerson born 8 A.M., Thursday Sept. 11 - 1890.
Fabian Dewine. 9 A.M., Thursday Dec. 17 - 1891.
Ida Nora ^{born} 6 A.M., Wednesday June 7, 1893.
George Douglas. 10 P.M., Friday Nov. 8 - 1895.
Bulah Estelle. 11 A.M., Tuesday Jan 26 - 1897.
John Rodney. 1 A.M., Saturday Jan 20 - 1900.
Milton Parke. 6:30 A.M., Monday Sept. 16 - 1901
Kenneth Durward. 5:25 A.M., Monday June 22 - 1903.

FULL NAME OF CHILD		MAIDEN SURNAME OF MOTHER	
1. <u>William Wesley Crockett Pease</u>		<u>Nora Ellen Crockett</u>	
2. PLACE OF BIRTH: (A) COUNTY <u>Bear Lake</u> (B) CITY OR TOWN <u>Dingle</u> (C) NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION (D) MOTHER'S STAY BEFORE DELIVERY: <u>At Home at Dingle</u> IN HOSPITAL OR INSTITUTION _____ IN THIS COMMUNITY _____ SPECIFY WHETHER YEARS, MONTHS OR DAYS		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: <u>Idaho</u> (B) STATE <u>Idaho</u> (C) COUNTY <u>Bear Lake</u> (D) CITY OR TOWN <u>Dingle</u> IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (E) STREET AND NUMBER _____	
4. SEX <u>male</u>	5. TWIN OR <u>single child</u> IF SO—BORN <u>Aug 22/1886</u> TRIPLET _____ 1ST _____ 2D _____ 3D _____	6. NUMBER OF MONTHS OF PREGNANCY <u>9</u>	7. DATE OF BIRTH <u>7:30 P.M. Aug. 22. - 1886</u> MONTH BY NAME DAY YEAR
FATHER OF CHILD		MOTHER OF CHILD	
8. FULL NAME <u>William Dewine Pease</u>		15. FULL MAIDEN NAME <u>Nora Ellen Crockett</u>	
9. COLOR OR RACE <u>white</u>		16. COLOR OR RACE <u>white</u>	
10. AGE AT TIME OF THIS BIRTH <u>26</u> YEARS		17. AGE AT TIME OF THIS BIRTH <u>23</u> YEARS	
11. LENGTH OF RESIDENCE IN CALIFORNIA <u>Idaho</u> 3 YEARS		18. BIRTHPLACE <u>Logan Utah</u> 23 years 8 months	
12. BIRTHPLACE <u>Chariton Iowa</u>		19. USUAL OCCUPATION <u>House wife</u>	
13. USUAL OCCUPATION <u>Farmer and stock raiser</u>		20. INDUSTRY OR BUSINESS _____	
14. INDUSTRY OR BUSINESS <u>Farmer & Stock raiser</u>		22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: _____	
21. CHILDREN BORN TO THIS MOTHER: <u>First child</u> (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? _____ (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? _____ (C) HOW MANY CHILDREN WERE BORN DEAD? _____			
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF <u>7:30 P.M.</u> ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <u>I am</u> RELATED TO THIS CHILD AS <u>Mother</u>			
24. DATE RECEIVED BY LOCAL REGISTRAR _____		ATTENDANT'S OWN SIGNATURE _____	
25. REGISTRAR'S SIGNATURE _____		M.D., MIDWIFE OR OTHER _____ DATE SIGNED _____	
26. GIVEN NAME ADDED _____ BY _____ DATE _____ REGISTRAR _____		ADDRESS _____	
27. (A) PREGNANCY, COMPLICATIONS OF: <u>none</u> (B) LABOR, COMPLICATIONS OF: <u>none</u> INDUCED? <u>No</u> (C) WAS THERE AN OPERATION FOR DELIVERY? <u>YES</u> OR <u>NO</u> STATE ALL OPERATIONS: _____ (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? <u>YES</u> OR <u>NO</u> IF YES, STATE DRUG _____		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? <u>No</u> DESCRIBE: _____ BIRTH INJURY? <u>No</u> DESCRIBE: _____ (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <u>No</u> IF SO, AT WHAT PERIOD OF GESTATION? _____ MOS. IF NOT, WHY NOT? <u>no need</u>	
STATE OF <u>CALIFORNIA Idaho</u> DEPARTMENT OF PUBLIC HEALTH		CERTIFICATE OF LIVE BIRTH	
		U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS	

1. FULL NAME OF CHILD <u>Mitchel Alvin Ream</u>		DISTRICT No. _____ REGISTRAR'S No. _____ MAIDEN SURNAME OF MOTHER <u>Nora Ellen Crockett</u>	
2. PLACE OF BIRTH: (A) COUNTY <u>Bear Lake</u> (B) CITY OR TOWN <u>Dingle</u> IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (C) NAME OF HOSPITAL OR INSTITUTION <u>at home</u> IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION (D) MOTHER'S STAY BEFORE DELIVERY: <u>at home</u> IN HOSPITAL OR INSTITUTION _____ IN THIS COMMUNITY _____ SPECIFY WHETHER YEARS, MONTHS OR DAYS		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: _____ (B) STATE <u>Idaho</u> (C) COUNTY <u>Bear Lake</u> (D) CITY OR TOWN <u>Dingle</u> IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (E) STREET AND NUMBER _____	
4. SEX <u>Male</u>	5. TWIN OR <u>Single child</u> IF SO—BORN TRIPLET _____ 1ST _____ 2D _____ 3D _____	6. NUMBER OF MONTHS OF PREGNANCY <u>9</u>	7. DATE OF BIRTH <u>1 A.M. Apr 23, 1888</u> MONTH BY NAME _____ DAY _____ YEAR _____
FATHER OF CHILD 8. FULL NAME <u>William Dewine Ream</u> 9. COLOR OR RACE <u>white</u> 10. AGE AT TIME OF THIS BIRTH <u>28 1/2</u> YEARS 11. LENGTH OF RESIDENCE IN CALIFORNIA <u>Idaho nearly 5</u> YEARS 12. BIRTHPLACE <u>Charleston - Iowa</u> 13. USUAL OCCUPATION <u>Farmer & Stock raiser</u> 14. INDUSTRY OR BUSINESS <u>Farmer & Stock raiser</u> 21. CHILDREN BORN TO THIS MOTHER: <u>2 at birth time</u> (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? <u>1</u> (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? _____ (C) HOW MANY CHILDREN WERE BORN DEAD? <u>none</u>		MOTHER OF CHILD 15. FULL MAIDEN NAME <u>Nora Ellen Crockett</u> 16. COLOR OR RACE <u>white</u> 17. AGE AT TIME OF THIS BIRTH <u>25</u> YEARS 18. BIRTHPLACE <u>Logan Utah</u> 19. USUAL OCCUPATION <u>Home maker</u> 20. INDUSTRY OR BUSINESS <u>Home maker</u> 22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: _____ _____ _____	
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF <u>1 A.M.</u> M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <u>mother</u> RELATED TO THIS CHILD AS <u>mother</u>			
24. DATE RECEIVED BY LOCAL REGISTRAR _____ 25. REGISTRAR'S SIGNATURE _____ 26. GIVEN NAME ADDED _____ BY _____ DATE _____ REGISTRAR _____		ATTENDANT'S OWN SIGNATURE _____ M.D., MIDWIFE OR OTHER _____ DATE SIGNED _____ ADDRESS _____ _____ _____	
27. (A) PREGNANCY, COMPLICATIONS OF: <u>none</u> (B) LABOR, COMPLICATIONS OF: <u>none</u> INDUCED? <u>no</u> (C) WAS THERE AN OPERATION STATE ALL FOR DELIVERY? _____ OPERATIONS: _____ YES OR NO _____ (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? _____ IF YES, STATE DRUG _____		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? <u>no</u> DESCRIBE: _____ BIRTH INJURY? <u>no</u> DESCRIBE: _____ (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <u>no</u> IF SO, AT WHAT PERIOD OF GESTATION? _____ MOS. IF NOT, WHY NOT? <u>no need of it</u>	

 STATE OF CALIFORNIA
 DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

 U. S. DEPT. OF COMMERCE
 BUREAU OF THE CENSUS

1. <u>Ida Nora Ream</u> <small>FULL NAME OF CHILD</small>		DISTRICT No. _____ REGISTRAR'S No. _____ <u>Nora Ellen Crockett</u> <small>MAIDEN SURNAME OF MOTHER</small>	
2. PLACE OF BIRTH: (A) COUNTY <u>Bear Lake</u> (B) CITY OR TOWN <u>Dingle</u> <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small> (C) NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> <small>IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION</small> (D) MOTHER'S STAY BEFORE DELIVERY: <u>At Home</u> <small>IN HOSPITAL OR INSTITUTION _____ IN THIS COMMUNITY _____</small> <small>SPECIFY WHETHER YEARS, MONTHS OR DAYS</small>		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: _____ (B) STATE <u>Idaho</u> YEARS MONTHS DAYS (C) COUNTY <u>Bear Lake</u> YEARS MONTHS DAYS (D) CITY OR TOWN <u>Dingle</u> YEARS MONTHS DAYS <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small> (E) STREET AND NUMBER _____	
4. SEX <u>Female</u>	5. TWIN OR <u>Single Child</u> IF SO—BORN <small>TRIPLET _____ 1ST _____ 2D _____ 3D _____</small>	6. NUMBER OF MONTHS OF PREGNANCY <u>9</u>	7. DATE OF BIRTH <u>6 a.m. June 7 - 1893</u> <small>MONTH BY NAME DAY YEAR</small>
FATHER OF CHILD 8. FULL NAME <u>William Dewine Ream</u> 9. COLOR OR RACE <u>White</u> 10. AGE AT TIME OF THIS BIRTH <u>33</u> YEARS 11. LENGTH OF RESIDENCE IN CALIFORNIA <u>over 9 years</u> YEARS 12. BIRTHPLACE <u>Chariton Iowa</u> YEARS MONTHS DAYS 13. USUAL OCCUPATION <u>Farmer & Stock raiser</u> 14. INDUSTRY OR BUSINESS _____		MOTHER OF CHILD 15. FULL MAIDEN NAME <u>Nora Ellen Crockett</u> 16. COLOR OR RACE <u>White</u> 17. AGE AT TIME OF THIS BIRTH <u>30</u> YEARS 18. BIRTHPLACE <u>Dingle Bear Lake Idaho</u> 19. USUAL OCCUPATION <u>Home Maker</u> 20. INDUSTRY OR BUSINESS <u>Home Maker</u> 22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: _____	
21. CHILDREN BORN TO THIS MOTHER: <u>This is the 5th child</u> (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? <u>all 5</u> (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? _____ (C) HOW MANY CHILDREN WERE BORN DEAD? _____			
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF <u>6 a.m.</u> ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <u>The Mother</u> RELATED TO THIS CHILD AS <u>mother</u>			
24. DATE RECEIVED BY LOCAL REGISTRAR _____ 25. REGISTRAR'S SIGNATURE _____ 26. GIVEN NAME ADDED _____ BY _____ DATE _____ REGISTRAR _____		ATTENDANT'S OWN SIGNATURE _____ M.D., MIDWIFE OR OTHER _____ DATE SIGNED _____ ADDRESS _____	
27. (A) PREGNANCY, COMPLICATIONS OF: <u>none</u> (B) LABOR, COMPLICATIONS OF: <u>none</u> (C) WAS THERE AN OPERATION STATE ALL FOR DELIVERY? <u>YES OR NO</u> OPERATIONS: _____ (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? <u>YES OR NO</u> IF YES, STATE DRUG _____		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? <u>no</u> DESCRIBE: _____ BIRTH INJURY? <u>no</u> DESCRIBE: _____ (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <u>no</u> IF SO, AT WHAT PERIOD OF GESTATION? _____ MOS. IF NOT, WHY NOT? <u>not necessary</u>	
STATE OF CALIFORNIA <u>Idaho</u> DEPARTMENT OF PUBLIC HEALTH		CERTIFICATE OF LIVE BIRTH U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Read Instructions on Back

VITAL STATISTICS

1. FULL NAME OF CHILD <u>George Douglas Ream</u>		DISTRICT No. _____ REGISTRAR'S No. _____ <u>Nora Ellen Crockett</u> MAIDEN SURNAME OF MOTHER	
2. PLACE OF BIRTH: (A) COUNTY <u>Bear Lake</u> (B) CITY OR TOWN <u>Single</u> IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (C) NAME OF HOSPITAL OR INSTITUTION <u>At home</u> IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION (D) MOTHER'S STAY BEFORE DELIVERY: <u>At home</u> IN HOSPITAL OR INSTITUTION _____ IN THIS COMMUNITY _____ SPECIFY WHETHER YEARS, MONTHS OR DAYS		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA <u>Idaho</u> (B) STATE <u>Idaho</u> (C) COUNTY <u>Bear Lake</u> (D) CITY OR TOWN <u>Single</u> IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (E) STREET AND NUMBER _____	
4. SEX <u>Male</u>	5. TWIN OR TRIPLET <u>Single child</u> IF SO—BORN 1ST _____ 2D _____ 3D _____	6. NUMBER OF MONTHS OF PREGNANCY <u>9</u>	7. DATE OF BIRTH <u>10 PM Nov 8th 1895</u> MONTH BY NAME DAY YEAR
FATHER OF CHILD		MOTHER OF CHILD	
8. FULL NAME <u>William Dewine Ream</u>		15. FULL MAIDEN NAME <u>Nora Ellen Ream</u>	
9. COLOR OR RACE <u>White</u> 10. AGE AT TIME OF THIS BIRTH <u>34 1/2</u> YEARS		16. COLOR OR RACE <u>White</u> 17. AGE AT TIME OF THIS BIRTH <u>33</u> YEARS	
11. LENGTH OF RESIDENCE IN CALIFORNIA <u>11 years</u> YEARS MONTHS DAYS		18. BIRTHPLACE <u>Logan Utah</u>	
12. BIRTHPLACE <u>Chariton Iowa</u>		19. USUAL OCCUPATION <u>Home maker</u>	
13. USUAL OCCUPATION <u>Farmer & stock raiser</u>		20. INDUSTRY OR BUSINESS <u>Home maker</u>	
14. INDUSTRY OR BUSINESS <u>Farmer & stock raiser</u>		22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:	
21. CHILDREN BORN TO THIS MOTHER: <u>This was the 6th child</u> (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? _____ (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? _____ (C) HOW MANY CHILDREN WERE BORN DEAD? _____			
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF <u>10 PM</u> M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <u>The mother</u> RELATED TO THIS CHILD AS <u>mother</u>			
24. DATE RECEIVED BY LOCAL REGISTRAR _____		ATTENDANT'S OWN SIGNATURE _____	
25. REGISTRAR'S SIGNATURE _____		M.D., MIDWIFE OR OTHER _____ DATE SIGNED _____	
26. GIVEN NAME ADDED _____ DATE _____ BY _____ REGISTRAR _____		ADDRESS _____	
27. (A) PREGNANCY, COMPLICATIONS OF: _____ (B) LABOR, COMPLICATIONS OF: _____ (C) WAS THERE AN OPERATION STATE ALL FOR DELIVERY? _____ OPERATIONS _____ YES OR NO _____ (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? _____ YES OR NO _____ If YES, STATE DRUG _____		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? <u>None</u> DESCRIBE: _____ BIRTH INJURY? <u>None</u> DESCRIBE: _____ (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <u>No</u> If so, AT WHAT PERIOD OF GESTATION? _____ MOS. If not, WHY NOT? <u>Not necessary</u>	
STATE OF <u>CALIFORNIA</u> DEPARTMENT OF PUBLIC HEALTH		U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS	

CERTIFICATE OF LIVE BIRTH

1. <u>Berulah Estelle Ream</u> <small>FULL NAME OF CHILD</small>		DISTRICT No. _____ REGISTRAR'S No. _____ <u>Nora Ellen Crockett</u> <small>MAIDEN SURNAME OF MOTHER</small>	
2. PLACE OF BIRTH: (A) COUNTY <u>Bear Lake</u> (B) CITY OR TOWN <u>Dingle</u> <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small> (C) NAME OF HOSPITAL OR INSTITUTION <u>at home</u> <small>IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION</small> (D) MOTHER'S STAY BEFORE DELIVERY: <u>at home</u> <small>IN HOSPITAL OR INSTITUTION _____ IN THIS COMMUNITY _____</small> <small>SPECIFY WHETHER YEARS, MONTHS OR DAYS</small>		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: _____ (B) STATE <u>Idaho</u> YEARS MONTHS DAYS (C) COUNTY <u>Bear Lake</u> YEARS MONTHS DAYS (D) CITY OR TOWN <u>Dingle</u> YEARS MONTHS DAYS <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small> (E) STREET AND NUMBER _____	
4. SEX <u>Female</u>	5. TWIN OR TRIPLET <u>Single child</u> IF SO—BORN 1ST _____ 2D _____ 3D _____	6. NUMBER OF MONTHS OF PREGNANCY <u>9</u>	7. DATE OF BIRTH <u>11 a.m. Jan. 26-1897.</u> <small>MONTH BY NAME DAY YEAR</small>
FATHER OF CHILD		MOTHER OF CHILD	
8. FULL NAME <u>William Dewine Ream</u> 9. COLOR OR RACE <u>white</u>		15. FULL MAIDEN NAME <u>Nora Ellen Crockett</u> 16. COLOR OR RACE <u>white</u>	
10. AGE AT TIME OF THIS BIRTH <u>37</u> YEARS 11. LENGTH OF RESIDENCE IN CALIFORNIA <u>over 12</u> YEARS MONTHS DAYS 12. BIRTHPLACE <u>Chariton Iowa</u> 13. USUAL OCCUPATION <u>Farmer & Stock raiser</u> 14. INDUSTRY OR BUSINESS <u>Farmer & Stock raiser</u>		17. AGE AT TIME OF THIS BIRTH <u>34</u> YEARS 18. BIRTHPLACE <u>Logan Utah</u> 19. USUAL OCCUPATION <u>Home maker</u> 20. INDUSTRY OR BUSINESS <u>Home maker</u>	
21. CHILDREN BORN TO THIS MOTHER: <u>This is the 7th child</u> (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? <u>6</u> (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? _____ (C) HOW MANY CHILDREN WERE BORN DEAD? <u>none</u>		22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: _____ _____ _____	
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF <u>11 a</u> M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <u>The Mother</u> RELATED TO THIS CHILD AS <u>mother</u>			
24. DATE RECEIVED BY LOCAL REGISTRAR _____ 25. REGISTRAR'S SIGNATURE _____ 26. GIVEN NAME ADDED _____ BY _____ DATE _____ REGISTRAR _____		ATTENDANT'S OWN SIGNATURE _____ M.D., MIDWIFE OR OTHER _____ DATE SIGNED _____ ADDRESS _____ _____	
27. (A) PREGNANCY, COMPLICATIONS OF: <u>none</u> (B) LABOR, COMPLICATIONS OF: <u>none</u> (C) WAS THERE AN OPERATION FOR DELIVERY? _____ STATE ALL OPERATIONS: _____ <small>YES OR NO</small> (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? _____ <small>YES OR NO</small> IF YES, STATE DRUG _____		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? <u>no</u> DESCRIBE: _____ BIRTH INJURY? <u>none</u> DESCRIBE: _____ (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <u>no</u> IF SO, AT WHAT PERIOD OF GESTATION? _____ MOS. IF NOT, WHY NOT? <u>Not necessary</u>	

 STATE OF CALIFORNIA Idaho
 DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

 U. S. DEPT. OF COMMERCE
 BUREAU OF THE CENSUS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Read Instructions on Back

VITAL STATISTICS

John Rodney Beam <small>FULL NAME OF CHILD</small>		Nora Ellen Crockett <small>MAIDEN SURNAME OF MOTHER</small>	
2. PLACE OF BIRTH: (A) COUNTY <u>Bear Lake</u> (B) CITY OR TOWN <u>Disale</u> <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small> (C) NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> <small>IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION</small> (D) MOTHER'S STAY BEFORE DELIVERY: <u>At Home</u> <small>IN HOSPITAL OR INSTITUTION, IN THIS COMMUNITY, SPECIFY WHETHER YEARS, MONTHS OR DAYS</small>		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA <u>Idaho</u> (B) STATE <u>Idaho</u> YEARS MONTHS DAYS (C) COUNTY <u>Bear Lake</u> YEARS MONTHS DAYS (D) CITY OR TOWN <u>Disale</u> YEARS MONTHS DAYS <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small> (E) STREET AND NUMBER _____	
4. SEX <u>Male</u>	5. TWIN OR TRIPLET <u>Single Child</u> IF SO—BORN 1ST _____ 2D _____ 3D _____	6. NUMBER OF MONTHS OF PREGNANCY <u>9</u>	7. DATE OF BIRTH <u>1 a.m. Jan. 20, 1908</u> <small>MONTH BY NAME DAY YEAR</small>
FATHER OF CHILD 8. FULL NAME <u>William Dewine Beam</u> 9. COLOR OR RACE <u>White</u> 10. AGE AT TIME OF THIS BIRTH <u>40</u> YEARS 11. LENGTH OF RESIDENCE IN CALIFORNIA <u>Idaho</u> YEARS MONTHS DAYS 12. BIRTHPLACE <u>Chariton Iowa</u> 13. USUAL OCCUPATION <u>Farmer and Stock raiser</u> 14. INDUSTRY OR BUSINESS <u>Farmer and Stock raiser</u> 21. CHILDREN BORN TO THIS MOTHER: <u>This was the 8th child</u> (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? _____ (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? _____ (C) HOW MANY CHILDREN WERE BORN DEAD? <u>none</u>		MOTHER OF CHILD 15. FULL MAIDEN NAME <u>Nora Ellen Crockett</u> 16. COLOR OR RACE <u>White</u> 17. AGE AT TIME OF THIS BIRTH <u>37</u> YEARS 18. BIRTHPLACE <u>Logan Utah</u> 19. USUAL OCCUPATION <u>Home maker</u> 20. INDUSTRY OR BUSINESS <u>Home maker</u> 22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: _____	
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF <u>1 a</u> M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <u>his mother</u> RELATED TO THIS CHILD AS <u>mother</u>			
24. DATE RECEIVED BY LOCAL REGISTRAR _____ 25. REGISTRAR'S SIGNATURE _____ 26. GIVEN NAME ADDED _____ BY _____ DATE _____ REGISTRAR _____		ATTENDANT'S OWN SIGNATURE _____ M.D., MIDWIFE OR OTHER _____ DATE SIGNED _____ ADDRESS _____	
27. (A) PREGNANCY, COMPLICATIONS OF: _____ (B) LABOR, COMPLICATIONS OF: _____ INDUCED? _____ (C) WAS THERE AN OPERATION FOR DELIVERY? _____ STATE ALL OPERATIONS: _____ YES OR NO _____ (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? _____ YES OR NO _____ IF YES, STATE DRUG _____		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? <u>No</u> DESCRIBE: _____ BIRTH INJURY? <u>None</u> DESCRIBE: _____ (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <u>No</u> IF SO, AT WHAT PERIOD OF GESTATION? _____ Mos. IF NOT, WHY NOT? <u>Not necessary</u>	
STATE OF CALIFORNIA <u>Idaho</u> DEPARTMENT OF PUBLIC HEALTH		CERTIFICATE OF LIVE BIRTH	
		U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS	

1. FULL NAME OF CHILD <u>Milton Parke Ream</u>		DISTRICT No. _____ REGISTRAR'S No. _____	
2. PLACE OF BIRTH: (A) COUNTY <u>Bear Lake</u> (B) CITY OR TOWN <u>Dingle</u> (C) NAME OF HOSPITAL OR INSTITUTION <u>at home</u> IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION (D) MOTHER'S STAY BEFORE DELIVERY: <u>at home</u> IN HOSPITAL OR INSTITUTION _____ IN THIS COMMUNITY _____ SPECIFY WHETHER YEARS, MONTHS OR DAYS		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: <u>Idaho</u> (B) STATE <u>Idaho</u> (C) COUNTY <u>Bear Lake</u> (D) CITY OR TOWN <u>Dingle</u> IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (E) STREET AND NUMBER _____	
4. SEX <u>male</u>	5. TWIN OR <u>Single child</u> IF SO—BORN TRIPLET _____ 1ST _____ 2D _____ 3D _____	6. NUMBER OF MONTHS OF PREGNANCY <u>9</u>	7. DATE OF BIRTH <u>6:30 a.m. Sept 16-1901</u> MONTH BY NAME DAY YEAR
FATHER OF CHILD 8. FULL NAME <u>William Dewine Ream</u> 9. COLOR OR RACE <u>white</u> 10. AGE AT TIME OF THIS BIRTH <u>41 1/2</u> YEARS 11. LENGTH OF RESIDENCE IN CALIFORNIA <u>Idaho 17</u> YEARS MONTHS DAYS 12. BIRTHPLACE <u>Chariton Iowa</u> 13. USUAL OCCUPATION <u>Farmer & Stock raiser</u> 14. INDUSTRY OR BUSINESS <u>Farmer & Stock raiser</u> 21. CHILDREN BORN TO THIS MOTHER: <u>This was the 9th child</u> (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? _____ (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? _____ (C) HOW MANY CHILDREN WERE BORN DEAD? _____		MOTHER OF CHILD 15. FULL MAIDEN NAME <u>Nora Ellen Crockett</u> 16. COLOR OR RACE <u>white</u> 17. AGE AT TIME OF THIS BIRTH <u>38 1/2</u> YEARS 18. BIRTHPLACE <u>Logan Utah</u> 19. USUAL OCCUPATION <u>Home maker</u> 20. INDUSTRY OR BUSINESS <u>Home maker</u> 22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: _____	
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF <u>6:30 a</u> M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <u>the mother</u> RELATED TO THIS CHILD AS <u>mother</u>			
24. DATE RECEIVED BY LOCAL REGISTRAR _____		ATTENDANT'S OWN SIGNATURE _____	
25. REGISTRAR'S SIGNATURE _____		M.D., MIDWIFE OR OTHER _____ DATE SIGNED _____	
26. GIVEN NAME ADDED _____ BY _____ DATE _____ REGISTRAR _____		ADDRESS _____	
27. (A) PREGNANCY, COMPLICATIONS OF: <u>None</u> (B) LABOR, COMPLICATIONS OF: <u>None</u> (C) WAS THERE AN OPERATION STATE ALL FOR DELIVERY? _____ OPERATIONS: _____ YES OR NO (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? _____ IF YES, STATE DRUG _____		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? <u>None</u> DESCRIBE: _____ BIRTH INJURY? <u>None</u> DESCRIBE: _____ (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <u>no</u> IF SO, AT WHAT PERIOD OF GESTATION? _____ MOS. IF NOT, WHY NOT? <u>Not Necessary</u>	

STATE OF CALIFORNIA Idaho
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

1. <u>Kenneth Durward Ream</u> <small>FULL NAME OF CHILD</small>		DISTRICT No. _____ REGISTRAR'S No. _____ <u>Nora Ellen Crockett</u> <small>MAIDEN SURNAME OF MOTHER</small>	
2. PLACE OF BIRTH: (A) COUNTY <u>Bear Lake</u> (B) CITY OR TOWN <u>Dingle</u> <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small> (C) NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> <small>IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION</small> (D) MOTHER'S STAY BEFORE DELIVERY: <u>At home</u> <small>IN HOSPITAL OR INSTITUTION _____ IN THIS COMMUNITY _____</small> <small>SPECIFY WHETHER YEARS, MONTHS OR DAYS</small>		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE <u>IN CALIFORNIA 2 1/2</u> (B) STATE <u>Idaho</u> (C) COUNTY <u>Bear Lake</u> (D) CITY OR TOWN <u>Dingle</u> <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small> (E) STREET AND NUMBER _____	
4. SEX <u>male</u>	5. TWIN OR <u>Single Child</u> IF SO—BORN TRIPLET _____ 1ST _____ 2D _____ 3D _____	6. NUMBER OF MONTHS OF PREGNANCY <u>9</u>	7. DATE OF BIRTH <u>5:25 a.m. June 22, 1903</u> <small>MONTH BY NAME DAY YEAR</small>
FATHER OF CHILD 8. FULL NAME <u>William Dewine Ream</u> 9. COLOR OR RACE <u>white</u> 10. AGE AT TIME OF THIS BIRTH <u>43 1/2</u> <small>YEARS</small> 11. LENGTH OF RESIDENCE IN CALIFORNIA <u>Idaho 19</u> <small>YEARS MONTHS DAYS</small> 12. BIRTHPLACE <u>Chariton Iowa</u> 13. USUAL OCCUPATION <u>Farmer & Stock raiser</u> 14. INDUSTRY OR BUSINESS <u>Farmer & Stock raiser</u> 21. CHILDREN BORN TO THIS MOTHER: <u>This was the 10 child</u> (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? _____ (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? _____ (C) HOW MANY CHILDREN WERE BORN DEAD? _____		MOTHER OF CHILD 15. FULL MAIDEN NAME <u>Nora Ellen Crockett</u> 16. COLOR OR RACE <u>white</u> 17. AGE AT TIME OF THIS BIRTH <u>40 1/2</u> <small>YEARS</small> 18. BIRTHPLACE <u>Logan Utah</u> 19. USUAL OCCUPATION <u>Home maker</u> 20. INDUSTRY OR BUSINESS <u>Home maker</u> 22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: _____ _____ _____	
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF <u>5:25 a</u> M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <u>his mother</u> RELATED TO THIS CHILD AS <u>mother</u>			
24. DATE RECEIVED BY LOCAL REGISTRAR _____ 25. REGISTRAR'S SIGNATURE _____ 26. GIVEN NAME ADDED _____ BY _____ <small>DATE REGISTRAR</small>		ATTENDANT'S OWN SIGNATURE _____ M.D., MIDWIFE OR OTHER _____ DATE SIGNED _____ ADDRESS _____ _____ _____	
27. (A) PREGNANCY, COMPLICATIONS OF: <u>none</u> (B) LABOR, COMPLICATIONS OF: <u>none</u> (C) WAS THERE AN OPERATION STATE ALL OPERATIONS: _____ <small>FOR DELIVERY? YES OR NO</small> (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? _____ <small>IF YES, STATE DRUG</small>		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? <u>none</u> DESCRIBE: _____ BIRTH INJURY? <u>no</u> DESCRIBE: _____ (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <u>no</u> IF SO, AT WHAT PERIOD OF GESTATION? _____ MOS. IF NOT, WHY NOT? <u>not necessary</u>	

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