1 2 1 y avrola une vong Deach California, Jan. 27-1943. The Bureau of Vital Statistics JAN 2 9 1943 Gentlemen -The birth certificates of my ! o. children who were all born in Dingle-Bear Lake Co. Idaly 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 know nothing about raving he wirths of basies registered at the state capital (Ly they were doing as at that time) but I did keep a very strict and accurate account myself. at this time I am The only living wetness to their births and I want that each one should have a birth centificate, I am writing to you for blanks to fill in and I'll get them not arized. Then what should I do from then on to get the certificates of and what will the cost be? I am anxious to get his done as soon as possible. So will appreciate your help, at an early date. Sincekely. Mrs. Nora E. C. Ream (The mother) 929 Gaviota Due. Long Beach California

Form	2
MARGIN RESERVED FOR BINDING WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD	Read Instructions on Back

		DISTRICT NOREGISTRAR'S No
1. W	rilliam Wesley Crockett Peam	Mara Ellen brockett
	LACE OF BIRTH: (A) COUNTY BEAR Lake	3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALLEGRATIA: I day (B) STATE A A LOG
	IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL 2) NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION	(C) COUNTY CLARE YEARS MONTHS DAYS (D) CITY OR TOWN DAYS (D) CITY OR TOWN LIMITS, WRITE RURAL YEARS MONTHS DAYS
(D	D) MOTHER'S STAY BEFORE DELIVERY: at Home an Dingle IN HOSPITAL OR INSTITUTION SPECIFY WHETHER YEARS. MONTHS OR DAYS	(E) STREET AND NUMBER
4. S	5. TWIN OR Single clild IF SO—BORN aug 22/178	6. NUMBER OF MONTHS 7. DATE OF BIRTH 7 30 PM. aug. 22 1886
	FATHER OF CHILD	MOTHER OF CHILD
9.	FULL William Devine Clans COLOR OR RACE white 10. AGE AT TIME OF THIS BIRTH 26 YEARS LENGTH OF RESIDENCE IN CALLEORNHA 3 YEARS MONTHS DAYS	15. FULL MAIDEN NAME 16. COLOR OR RACE White 17. AGE AT TIME OF THIS BIRTH YEARS 18. RIPTURI ACE 19. ALERT HIM OF THIS BIRTH YEARS YEARS 19. ALERT HIM OF THIS BIRTH YEARS
	USUAL OCCUPATION Farmer and stock raiser	19. USUAL OCCUPATION House wife
-	INDUSTRY OR BUSINESS Furmer & Stock raiser.	20. Industry or Business
	CHILDREN BORN TO THIS MOTHER: Tiret Mild. (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?	22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:
	I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BOTTHE INFORMATION GIVEN WAS FURNISHED BY	ORN ALIVE AT THE HOUR OF 7 30 CM. ON THE DATE ABOVE STATED AND THA
24.	DATE RECEIVED BY LOCAL REGISTRAR	ATTENDANT'S OWN SIGNATURE
25.	REGISTRAR'S SIGNATURE	M.D., MIDWIFE OR OTHERDATE SIGNED
26.	GIVEN NAME ADDEDBY	Address
27.	(A) PREGNANCY, COMPLICATIONS OF:	(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION?. (A) DESCRIBE:
	(B) LABOR, COMPLICATIONS OF:	BIRTH INJURY? DESCRIBE:
	(C) WAS THERE AN OPERATION STATE ALL OPERATIONS:	
E.		(F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER?
	(D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES?	If so, at what period of gestation? Mo: If not, why not? No need

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

at this Time they did not register births. I had a midwife She and her assistant one both dead. I am the only witness; living.

13285 5-42 200M STATE PRINTING OFFICE

Wesley born st 7:30 P.M., ang 22-1886. Mitchel alvin. 1.a.M., Monday, Monday afor 23-1882 Lee Emmeron born 8, am, Threday Sept, 11 - 1890. Fabian Dewing .. 9 a.m., Thursday Dec. 17 - 18 91. I da Nova bom 6 R.M. Wednesday June 7. 1890. George Douglas 11 10 P. M. Triday Nov. 8 - 18 95. Benlah Estelle " 11am, 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 Jung. 22-1903.

WRITE PLAINLY

	DISTRICT NOREGISTRAR'S NO
1. William Wesley Crockett Peam	Marg Ellen Corockett MAIDEN SURNAME OF MOTHER
2. PLACE OF BIRTH: (A) COUNTY Blar Lake (B) CITY OR TOWN Dingle IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL	3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: Sah
(C) NAME OF HOSPITAL OR INSTITUTION At Hourless IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION	(C) COUNTY Dan Lake YEARS MONTHS DAYS (D) CITY OR TOWN DINGS, WRITE RURAL YEARS MONTHS DAYS
(D) MOTHER'S STAY BEFORE DELIVERY: At Home and In this community. SPECIFY WHETHER YEARS, NONTHS OR DAYS	(E) STREET AND NUMBER
4. SEX 5. TWIN OR Lingle clild IF SO—BORN aug 22/78 TRIPLET 1ST 2D 38	6. NUMBER OF MONTHS 7. DATE OF BIRTH 7.30 PM. Quy. 221886
FATHER OF CHILD	MOTHER OF CHILD
9. COLOR OR RACE White 10. AGE AT TIME OF THIS BIRTH 26	15. FULL MAIDEN NAME LOS COLOR LA COLOR
11. LENGTH OF RESIDENCE IN CALLEGRIFFA 12. BIRTHPLACE Chariton of one years months days 13. HSHAL OCCUPATION Farmer and stock rawer	18. BIRTHPLACE Logan 71tah 23 years 8 minutes 19. USUAL OCCUPATION House wife:
13. USUAL OCCUPATION Farmer and flet of records 14. INDUSTRY OR BUSINESS Farmer & Stock raiser.	20. Industry or Business
21. CHILDREN BORN TO THIS MOTHER: First Child (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING?	22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:
(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 BO	\parallel or alive at the hour of $\frac{7}{3}$ $^{\circ}$ $^{\circ}$ $^{\circ}$ M. ON THE DATE ABOVE STATED AND THAT
THE INFORMATION GIVEN WAS FURNISHED BY.	2 am RELATED TO THIS CHILD AS MOTHER
24. Date Received by Local Registrar	ATTENDANT'S OWN SIGNATURE DATE SIGNED DATE SIGNED
26. GIVEN NAME ADDEDBY	Address
27. (A) PREGNANCY, COMPLICATIONS OF:	(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION DESCRIBE:
(B) LABOR, COMPLICATIONS OF:	BIRTH INJURY? DESCRIBE:
(C) WAS THERE AN OPERATION STATE ALL FOR DELIVERY?OPERATIONS:	(F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER?
(D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? VETOR NO IF YES, STATE DRUG	IF NOT, WHY NOT? WE NEED TO SYPHILIS IN THIS MOTHER! MOS
STATE OF CALIFORNIA & dals CERTIFICATE (OF LIVE BIRTH U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS

	WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD	Read Instructions on Back
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Form 2

. 1	DISTRICT NOREGISTRAR'S NO
: Mitchel alvin Ream	nova Ellen Crockett
FULL NAME OF CHILD	MAIDEN SURNAME OF MOTHER
2. PLACE OF BIRTH: (A) COUNTY Blaz Lake (B) CITY OR TOWN D'magle	3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN SALIFORNIA: (B) STATE A A A LENGTH OF RESIDENCE IN SALIFORNIA:
(C) NAME OF HOSPITAL OR INSTITUTION	(C) COUNTY Blan Lake YEARS MONTHS DAYS (D) CITY OR TOWN Dingle YEARS MONTHS DAYS
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION	IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL YEARS MONTHS DAYS
(D) MOTHER'S STAY BEFORE DELIVERY: OT MOTHER STAY BEFORE DELIVERY: IN HOSPITAL OR INSTITUTION SPECIFY WHETHER YEARS, MONTHS OR DAYS	(E) STREET AND NUMBER
4. SEX 5. TWIN OR Single child So-BORN TRIPLET 2D 3D 3D	6. NUMBER OF MONTHS 7. DATE OF BIRTH MONTH BY NAME DAY YEAR
FATHER OF CHILD	MOTHER OF CHILD
8. FULL William Dewine Clam 9. COLOR OR RACE White 10, AGE AT TIME OF THIS BIRTH 28 12	15. FULL MAIDEN Nova Ellen Crockett
OR RACE 10. AGE AT TIME OF THIS BIRTH 2 11. LENGTH OF RESIDENCE IN CALIFORNIA 2 YEARS MONTHS DAYS	16. COLOR OR RACE WILL 17. AGE AT TIME OF THIS BIRTH YEARS
12. BIRTHPLACE	18. BIRTHPLACE Lagan Wan
13. USUAL OCCUPATION Farmer and Stock railer	19. USUAL OCCUPATION Home market
14. INDUSTRY OR BUSINESS Farmer 21 West rouse	20. INDUSTRY OR BUSINESS TO THE THE TOTAL
21. CHILDREN BORN TO THIS MOTHER: 2 ab land to the	22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:
(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 MAN! CHIEDREN WERE BORN DEAD!	ODN ALIVE AT THE HOLD OF / Q.M., M. ON THE DATE ABOVE STATED AND THAT
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BETTER THE INFORMATION GIVEN WAS FURNISHED BY MOTHER	ORN ALIVE AT THE HOUR OF 100 M. ON THE DATE ABOVE STATED AND THAT RELATED TO THIS CHILD AS MATHER.
24. Date Received by Local Registrar	ATTENDANT'S OWN SIGNATURE
25. REGISTRAR'S SIGNATURE	M.D., MIDWIFE OR OTHERDATE SIGNED
26. GIVEN NAME ADDEDBY	ADDRESS
DATE REGISTRAR	
27. (A) PREGNANCY, COMPLICATIONS OF:	
(B) LABOR, COMPLICATIONS OF: None	(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION?
(B) LABOR, COMPLICATIONS OF:INDUCEDI_ YVO	BIRTH INJURY?
(C) WAS THERE AN OPERATION STATE ALL FOR DELIVERY? OPERATIONS:	District Control of the Control of t
TOR DELIVERTING OR NO	(F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? NO
(D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES?	If so, at what period of gestation?Mos
IF YES, STATE DRUG	IF NOT, WHY NOT? No need of it
Account of the control of the contro	
STATE OF CALIFORNIA CERTIFICATE	OF LIVE BIRTH U. S. DEPT. OF COMMERCI

DEPARTMENT OF PUBLIC HEALTH

BUREAU OF THE CENSUS

		DISTRICT NOREGISTRAR'S NO
	I da Nora Ceam	nong Ellen Growt. IT
	FULL NAME OF CHILD	MAIDEN SURNAME OF MOTHER
	2. PLACE OF BIRTH: (A) COUNTY BLAR Lake	3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN GALIFORNIA:
	(B) CITY OR TOWN Dingle	(B) STATE I dano
	IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (C) NAME OF HOSPITAL OR INSTITUTION	(C) COUNTY Bear Lake YEARS MONTHS DAYS
	arxonic	(D) CITY OR TOWN & ingle. YEARS MONTHS DAYS
	IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION	IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL YEARS MONTHS DAYS
	(D) MOTHER'S STAY BEFORE DELIVERY: IN HOSPITAL OR INSTITUTION SPECIFY WHETHER YEARS, MONTHS OR DAYS	(E) STREET AND NUMBER
	4. SEX TEIPLET Single Child IF SO—BORN TRIPLET Single Child IST 2D 3D	6. NUMBER OF MONTHS 7. DATE OF 6. a.m. June 7 - 1823 BIRTH NONTH BY NAME DAY YEAR
	FATHER OF CHILD	MOTHER OF CHILD
	8. FULL William Dewine / Ceam	15. FULL 10 \$ 11 / 1
	9. COLOR ORACE While 10. Age at time of this Birth 37	MAIDEN Vora Clen Crockell
S	11. LENGTH OF RESIDENCE IN GALLEDRINA over 9 years	16. Color white 17. AGE AT TIME OF THIS BIRTH 30
ATISTICS	12. BIRTHPLACE Charity Joves Months DAYS	18. BIRTHPLACE TELEPLE LINE OF THIS BIRTH FEARS
SI	13. USUAL OCCUPATION Farmer & Shelf raiser	19. USUAL OCCUPATION Home maker
E	14. INDUSTRY OR BUSINESS	20. INDUSTRY OR BUSINESS Home Maker
STA	21. CHILDREN BORN TO THIS MOTHER: This is the 5th child	22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:
	(A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? All J	man, morning minimum resident recognition recognition
AL	(B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?	
VIT	(C) HOW MANY CHILDREN WERE BORN DEAD?	
	23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD/WHO WAS B	ORN ALIVE AT THE HOUR OF
	THE INFORMATION GIVEN WAS FURNISHED BY The Mother	RELATED TO THIS CHILD AS Mosher
	24. DATE RECEIVED BY LOCAL REGISTRAR	ATTENDANT'S OWN SIGNATURE
	25. REGISTRAR'S SIGNATURE	M.D., MIDWIFE OR OTHERDATE SIGNED
	26. GIVEN NAME ADDEDBY	ADDRESS
	DATE REGISTRAR	ADDRESS
	27. (a) Pregnancy, Complications of:	
	Mar. (A) Inconstitution of the state of the	(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? DESCRIBE:
	(B) LABOR, COMPLICATIONS OF:	CONGENTAL MALFORMATION:
	INDUCED?	BIRTH INJURY: VA DESCRIBE:
	(C) WAS THERE AN OPERATION STATE ALL FOR DELIVERY? OPERATIONS:	DIVIN MOUNT
	YES ON NO	(F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER?
	(D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES?	If so, at what period of gestation?Mos.
	IF YES, STATE DRUG	IF NOT, WHY NOT? Not necessary
	1 deho	4
	STATE OF CALIFORNIA CERTIFICATE DEPARTMENT OF PUBLIC HEALTH	OF LIVE BIRTH U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD Read Instructions on Back

VITAL STATISTICS

0	DISTRICT NOREGISTRAR'S NO.
1. FULL NAME OF CHILD	Mara Ellen Croclett MAIDEN SURNAME OF MOTHER
2. PLACE OF BIRTH: (A) COUNTY PLATE LAKE (B) CITY OR TOWN FOR THE FORTSIDE CITY OR TOWN LIMITS, WRITE RURAL (C) NAME OF HOSPITAL OR INSTITUTION FOR STREET NUMBER OR LOCATION	3. USUAL RESIDENCE OF MOTHER: (B) STATE (C) COUNTY (C) COUNTY (D) CITY OR TOWN DIVISION WITH RURAL (A) LENGTH OF RESIDENCE IN CALIFORNIA SALA YEARS MONTHS DAYS (D) CITY OR TOWN DIVISION WITH RURAL YEARS MONTHS DAYS
(D) MOTHER'S STAY BEFORE DELIVERY: UT THIS COMMUNITY	(E) STREET AND NUMBER
4. SEX 5. TWIN OR TRIPLET Single Child'ST 2D 3D	6. NUMBER OF MONTHS 7. DATE OF BIRTH OF PM. Nov 8 h 1895 MONTH BY NAME DAY YEAR
FATHER OF CHILD 8. FULL Welliam Devine Pears 9. COLOR ORACE White 10, AGE AT TIME OF THIS BIRTH 3 TO OR RACE White 10, AGE AT TIME OF THIS BIRTH 3 TO ORACE White 12. BIRTHPLACE Charitan Journal 12. BIRTHPLACE Charitan Journal 13. USUAL OCCUPATION Tarmer 30 Stock rouser 14. INDUSTRY OR BUSINESS Tarmer as Stock rouser. 21. CHILDREN BORN TO THIS MOTHER: The was the 6 child (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 BUTTHE INFORMATION GIVEN WAS FURNISHED BY THE GIVEN	MOTHER OF CHILD 15. FULL MAIDEN NOTA COLUMN PLANT 16. COLOR OR RACE White 17. AGE AT TIME OF THIS BIRTH 18. BIRTHPLACE 20. INDUSTRY OR BUSINESS Home makes 20. INDUSTRY OR BUSINESS Home makes 22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: DRN ALIVE AT THE HOUR OF 10 PMM. ON THE DATE ABOVE STATED AND THAT RELATED TO THIS CHILD AS MAJULA.
24. Date Received by Local Registrar.	ATTENDANT'S OWN SIGNATURE
25. REGISTRAR'S SIGNATUREBYBY	M.D., MIDWIFE OR OTHERDATE SIGNED
27. (A) PREGNANCY, COMPLICATIONS OF: (B) LABOR, COMPLICATIONS OF: (C) WAS THERE AN OPERATION STATE ALL POR DELIVERY) OPERATIONS	(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION; DESCRIBE: DESCRIBE:
YES OR NO (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? YES OR NO IF YES, STATE DRUG	(F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? NO MOS
IF IES, STATE DRUG	-1)

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

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

	NENT RECORD	
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	DISTRICT NOREGISTRAR'S NO
Bulah Estille Team	Mana Ellen La sakett
FULL NAME OF CHILD	MAIDEN SURNAME OF MOTHER
2. PLACE OF BIRTH: (A) COUNTY BLAT. Lake	3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA:
(B) CITY OR TOWN Dingle	(B) STATE & Raho
IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL (G) NAME OF HOSPITAL OR INSTITUTION	(C) COUNTY Blar Lake YEARS MONTHS DAYS
at Home	(D) CITY OR TOWN Dingle YEARS MONTHS DAYS
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION	IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL YEARS MONTHS DAYS
(D) MOTHER'S STAY BEFORE DELIVERY: UNITED TO THE COMMUNITY	(E) STREET AND NUMBER
4. SEX 5. TWIN OR Q A A A IF SO—BORN	6. NUMBER OF MONTHS 7. DATE OF 9 9 1007
Florials TRIPLET Single Child 1ST 2D 3D	of Pregnancy 9 BIRTH // a.m. fam 26 - 1897.
FATHER OF CHILD	MOTHER OF CHILD
8. FULL William Dewine Plan	
9. COLOR Jan 17	15. FULL MAIDEN DAYS COLLEGE CONSCREET
OR RACE 10. AGE AT TIME OF THIS BIRTH OF YEARS	16. COLOR
YEARS MONTHS DAYS	OR RACE W 117. AGE AT TIME OF THIS BIRTH YEARS
12. BIRTHPLACE Charilon Lowa	18. BIRTHPLACE Logan Way
13. USUAL OCCUPATION Farmer & Strut railer	19. USUAL OCCUPATION To one maker
14. INDUSTRY OR BUSINESS Tarmer & Stock Prairie	20. INDUSTRY OR BUSINESS. Nome maker
21. CHILDREN BORN TO THIS MOTHER: This is the 7th child	22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:
(A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? 6	
(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 BE	ORN ALIVE AT THE HOUR OF A. ON THE DATE ABOVE STATED AND THA
THE INTORNATION OFFER WAS TORNISHED BY	
24. Date Received by Local Registrar 25. Registrar's Signature	ATTENDANT'S OWN SIGNATURE
26. GIVEN NAME ADDEDBY	M.D., MIDWIFE OR OTHERDATE SIGNED
DATE REGISTRAR	ADDRESS
27. (A) Pregnancy, Complications of: None	
are (A) Internator, commence of	(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? DESCRIBE:
(B) LABOR, COMPLICATIONS OF:	CONCENTIAL MALFORMATION:
INDUCED? No	BIRTH INJURY? None DESCRIBE:
(C) WAS THERE AN OPERATION STATE ALL FOR DELIVERY? OPERATIONS:	
VES OR NO	(F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? YO
(D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES?	If so, at what period of gestation?Mos
IF YES, STATE DRUG	IF NOT, WHY NOT? Not necessary
STATE OF GALIFORNIA of dahi CERTIFICATE	OF LIVE BIRTH U. S. DEPT. OF COMMERCE
DEPARTMENT OF PUBLIC HEALTH	BUREAU OF THE CENSUS

			DISTRICT NOREGISTRAR'S NO
Form	n 2	In Polar Prans	non talle for oak to
9		FULL NAME OF CHILD	MAIDEN SURNAME OF MOTHER
BLACK INK—THIS IS A PERMANENT RECORD H	Read Instructions on Back VITAL STATISTICS	FULL NAME OF CHILD 2. PLACE OF BIRTH: (A) COUNTY THE TOWN LIMITS. WRITE RURAL (B) CITY OR TOWN DIPOLATED TOWN LIMITS. WRITE RURAL (C) NAME OF HOSPITAL OR INSTITUTION THE TOWN LIMITS. WRITE RURAL (C) NAME OF HOSPITAL OR INSTITUTION THE TOWN LIMITS. WRITE RURAL (C) NAME OF HOSPITAL OR INSTITUTION THE TOWN LIMITS. WRITE RURAL (C) NAME OF HOSPITAL OR INSTITUTION THE TOWN LIMITS. WRITE RURAL (D) MOTHER'S STAY BEFORE DELIVERY: IN HIS COMMUNITY SPECIFY WHETHER YEARS. MONTHS OR DAYS 4. SEX 5. TWIN OR TRIPLET SINGLE COLLEGE TO THIS BIRTH 9. COLOR OR RACE White 10. AGE AT TIME OF THIS BIRTH YEARS 11. LENGTH OF RESIDENCE IN CALIFORNIA TO YEARS 12. BIRTHPLACE TO LAND AND YEARS 13. USUAL OCCUPATION THE ARM STARLE STARLE TOWN LIVING! 21. CHILDREN BORN TO THIS MOTHER: This was the 8th Chil (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING!	MAIDEN SURNAME OF MOTHER: 3. USUAL RESIDENCE OF MOTHER: (B) STATE of data to years months days (C) COUNTY Bland Lake years months days (D) CITY OR TOWN Dince years months days (E) STREET AND NUMBER 6. NUMBER OF MONTHS OF PREGNANCY 9 BIRTH MONTH BY NAME DAY YEAR MOTHER OF CHILD 15. FULL MAIDEN Name Color or Race white 17. Age at time of this birth 97 years 18. BIRTHPLACE Logan Utal 19. USUAL OCCUPATION HOMES ADDRESS FOR REGISTRATION NOTICE:
	Instr VITAL	(B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?	
E E	d I	(C) HOW MANY CHILDREN WERE BORN DEADS TONE	
MARGIN RES WITH UNFADING	rea	23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BO THE INFORMATION GIVEN WAS FURNISHED BY his Mother	orn alive at the hour of 100 m. On the date above stated and that Related to this child as woller
ARGIN H UNFA	P	24. DATE RECEIVED BY LOCAL REGISTRAR	ATTENDANT'S OWN SIGNATURE
J. J.		25. REGISTRAR'S SIGNATURE	M.D., MIDWIFE OR OTHERDATE SIGNED
MA		26. GIVEN NAME ADDEDBY	Address
I WRITE PLAINLY WI		27. (A) PREGNANCY, COMPLICATIONS OF: (B) LABOR, COMPLICATIONS OF: (C) WAS THERE AN OPERATION STATE ALL OPERATIONS: YES OR NO (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? YES OR NO	(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? DESCRIBE: BIRTH INJURY? DESCRIBE: (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? MOS.
		IF YES, STATE DRUG	IF NOT, WHY NOT? NOT needs any
		STATE OF CALLEGRAIA CERTIFICATE CERTIFICATE	OF LIVE BIRTH U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS

Form 2 WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING Read Instructions on Back

		DISTRICT NOREGISTRAR'S NO
	milton Varke Keam	nova Ellen brockett
	FULL NAME OF CHILD	MAIDEN SURNAME OF MOTHER
	2. PLACE OF BIRTH: (A) COUNTY BLAN Lake	3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN-CALIFORNIA: Jan
	(B) CITY OR TOWN Significant Country (B) CITY OR TOWN LIMITS, WRITE RURAL	(B) STATE A A A A YEARS MONTHS DAYS
	(C) NAME OF HOSPITAL OR INSTITUTION	(C) COUNTY Blas Lake
	IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION	(D) CITY OR TOWN Durgle YEARS MONTHS DAYS IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL YEARS MONTHS DAYS
	- 1 f - 221 l	IF OUTSIDE CITY ON TORK EIMITS, WATER CORAL TEARS MONTHS DATS
	(D) MOTHER'S STAY BEFORE DELIVERY: IN HOSPITAL OR INSTITUTION SPECIFY WHETHER YEARS, MONTHS OR DAYS	(E) STREET AND NUMBER
	4. SEX / 5. TWIN OR S / D OF SO-BORN	6. NUMBER OF MONTHS 7. DATE OF 34 0 20 C. 61 16 - 1901
	Male TRIPLET Single Child 1ST_2D_3D_	of Pregnancy 9 BIRTH 6,30 Am. Sept 16-1901
	FATHER OF CHILD	MOTHER OF CHILD
	8. FULL William Daning (Page)	
	9. COLOR / / A	15. FULL MAIDEN DO COLOR CONSOLATE
	OR RACE 10. AGE AT TIME OF THIS BIRTH YEAR	
CS	11. LENGTH OF RESIDENCE IN CALIFORNIA YEARS MONTHS DAYS	
H	12. BIRTHPLACE TOWARD OF OWN	18. BIRTHPLACE Logan Wah
ATISTICS	13. USUAL OCCUPATION Farmer 3 Stock raises	19. USUAL OCCUPATION Home maker
A	14. INDUSTRY OR BUSINESS Farmer 31 Stock raiser	20. INDUSTRY OR BUSINESS Home maker
ST	21. CHILDREN BORN TO THIS MOTHER: This was the 9th C	22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:
AL	(A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING?	
VIT	(B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?	
M	(C) HOW MANY CHILDREN WERE BORN DEAD?	
	23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO W THE INFORMATION GIVEN WAS FURNISHED BY The Mother	AS BORN ALIVE AT THE HOUR OF 6 30 A. M. ON THE DATE ABOVE STATED AND THA
	24. Date Received by Local Registrar 25. Registrar's Signature	ATTENDANT'S OWN SIGNATURE
		M.D., MIDWIFE OR OTHERDATE SIGNED
	26. GIVEN NAME ADDED. BY REGISTR	ADDRESS
	27 Many	, and the second
	27. (A) PREGNANCY, COMPLICATIONS OF:	(E) DID THE BABY HAVE ANY
	Money Course Course of Money	CONGENITAL MALFORMATION? / LUNA DESCRIBE:
	(B) LABOR, COMPLICATIONS OF:	Disable Manager Manage
	(C) WAS THERE AN OPERATION STATE ALL	BIRTH INJURY? Notal Describe:
	FOR DELIVERY?OPERATIONS:	NA
	Was a Passaul care Paul Harry III and Paul Paul	(F) Was a serological test made for syphilis in this mother?
	(D) Was a Prophylactic Drug Used in the Baby's Eyes?	20.1
	IF YES, STATE DRUG	IF NOT, WHY NOT? YOUR VULLSTARY
	STATE OF CALIFORNIA daho CERTIFICAT DEPARTMENT OF PUBLIC HEALTH	E OF LIVE BIRTH U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORI Read Instructions on Back
WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORI
MANAGEN RESERVED FOR BINDING

	DISTRICT NOREGISTRAR'S NO
Kenneth Durward Plan	nova Ellen brockett
FULL NAME OF CHILD	MAIDEN SURNAME OF MOTHER
2. PLACE OF BIRTH: (A) COUNTY Bear Lake	3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA & del
(B) CITY OR TOWN DE STORT OF TOWN LIMITS, WRITE RURAL	(B) STATE ALLO YEARS MONTHS DAYS
(C) NAME OF HOSPITAL OR INSTITUTION	(C) COUNTY ET LAICE
all Home	(D) CITY OR TOWN Days
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION	IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL YEARS MONTHS DAYS
(D) MOTHER'S STAY BEFORE DELIVERY: At The THIS COMMUNITY SPECIFY WHETHER YEARS, MONTHS OR DAYS	(E) STREET AND NUMBER
4. SEX 5. TWIN OR Single Child IF SO-BORN	6. NUMBER OF MONTHS 7. DATE OF 25 am juny 22, 1903
male TRIPLET Single Ohild 1ST 2D 3D	OF PREGNANCY DIRIH
FATHER OF CHILD	MOTHER OF CHILD
7. · M. X .	MOTHER OF CHIED
8. FULL William Dewine Peam	15. FULL D 211 1. 1. 1.
9. COLOR White 10. AGE AT TIME OF THIS BIRTH 43 'Q	MAIDEN/Cora Ollen Orockell
11. LENGTH OF RESIDENCE IN GALLFORNIA 19 YEARS	16. COLOR White 17. AGE AT THE OF THIS BIRTH 40 /2
12. BIRTHPLACE Chariton Jowa MONTHS DAYS	18. BIRTHPLACE Logan Wtah YEARS
12. DIRITERAL	
13. USUAL OCCUPATION	13. USUAL OCCUPATION
14. INDUSTRY OR BUSINESS 7	ZO. INDUSTRI OR DUSTRESS.
21. CHILDREN BORN TO THIS MOTHER: This was the 10 child	22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:
(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 BO	ORN ALIVE AT THE HOUR OF STATED AND THAT
THE INFORMATION GIVEN WAS FURNISHED BY his mollier	RELATED TO THIS CHILD AS Moller
24. DATE RECEIVED BY LOCAL REGISTRAR	ATTENDANT'S OWN SIGNATURE
25. REGISTRAR'S SIGNATURE	M.D., MIDWIFE OR OTHERDATE SIGNED
26. GIVEN NAME ADDEDBY	Address
DATE REGISTRAN	
27. (A) PREGNANCY, COMPLICATIONS OF:	
	(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? NONL DESCRIBE:
(B) LABOR, COMPLICATIONS OF:	00102111112
INDUCED? NO	BIRTH INJURY: MO DESCRIBE:
(C) WAS THERE AN OPERATION STATE ALL	BIRTH INJURYDESCRIBE:
FOR DELIVERY?OPERATIONS:	(F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? NO
AND WAS A PROPERTY OF PRICE HIGH IN THE PARKE FACE.	
(D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? VES OR NO	20 A MARIANAANI
IF YES, STATE DRUG	IF NOT, WHY NOT? / LON / COLUMN J
STATE OF GALIFONNIA ZAGAN CERTIFICATE	OF LIVE BIRTH U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS