

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

'PLACE OF BIRTH, Dist. No. California State
(To be inserted by Registrar) BUREAU OF
County of Los Angeles STANDARD CER
City or Los Angeles
Town of Angelus Hosp St.; Ward)
or Rural Registration District (No.)

' FULL NAME OF CHILD Marg Louise Peider

PERSONAL AND STATISTICAL PARTICULARS

' SEX OF CHILD <u>Female</u>	' Twin, Triplet, or Other <u> </u>	' Number in Order of Birth <u> </u>
' FATHER		
' FULL NAME <u>John Jerome Peider</u>	' RESIDENCE <u>L. A. Calif</u>	
' COLOR OR RACE <u>White</u>	' AGE AT LAST BIRTHDAY <u>29</u>	' BIRTHPLACE <u>New York</u>
' OCCUPATION (a) Trade, profession, or particular kind of work <u>Unemployed</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
' Was a prophylactic for Ophthalmia Neonatorum used? If so, what? <u>Silver nitrate</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, on the date above stated.

*When there was no attending physician or midwife, those who father's home delivery, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dated, 1-12-1925

Given name added from a supplemental report 19

Registrar

State Board of Health
VITAL STATISTICS

CERTIFICATE OF BIRTH

Local Registered No. 591

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

(If child is not yet named, make supplemental report as directed.)

STATISTICAL PARTICULARS

' DATE OF BIRTH <u>Jan 12 1925</u>	' MOTHER	
' FULL MAIDEN NAME <u>Greene Elizabeth Carroll</u>	' RESIDENCE <u>L. A. Calif</u>	
' COLOR OR RACE <u>White</u>	' AGE AT LAST BIRTHDAY <u>23</u>	' BIRTHPLACE <u>Col.</u>
' OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
' Number of children born to this mother, including present birth <u>11</u>		
' Number of children of this mother now living <u>11</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, on the date above stated.

(Signature)

Dated, 1-12-1925

Given name added from a supplemental report 19

Registrar