

16181

PLACE OF BIRTH, DIST. No. _____
 (To be inserted by Registrar)

County of _____

City or Town of _____

or Rural Registration District _____

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

State Index No. _____

Local Registered No. 16479

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

FULL NAME OF CHILD John Jerome Reider [If child is not yet named, make supplemental report as directed.]

PERSONAL AND STATISTICAL PARTICULARS

SEX OF CHILD <u>male</u>	*Twin, Triplet, or Other (To be answered only in event of plural births)	Number in Order of Birth	DATE OF BIRTH <u>12 16 1923</u> (Month) (Day) (Year)
FATHER FULL NAME <u>John Jerome Reider</u>		MOTHER FULL MAIDEN NAME <u>Isrene Carroll</u>	
RESIDENCE <u>195 Raymond Avenue</u>		RESIDENCE <u>195 Raymond Ave</u>	
COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR OR RACE <u>white</u>	AGE AT LAST BIRTHDAY <u>22</u> (Years)
BIRTHPLACE <u>New York</u> (State or country)		BIRTHPLACE <u>Colorado</u> (State or country)	
OCCUPATION (a) Trade, profession or particular kind of work <u>Collector</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) <u>Brents Furniture Co.</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>Yes</u> <u>97103176</u>		Number of children born to this mother, including present birth <u>1</u>	
		Number of children of this mother now living <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:10 PM on the date above stated.
 (Born alive or stillborn)

(Signature) J. H. Miller

Dated 12/16/23

(Physician, midwife, father, etc.)

Given name added from a supplemental report _____ 19____

Address _____

Filed DEC 20 23 19____

Registrar _____ Registrar or Deputy _____

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