

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
VITAL STATISTICS

**CERTIFIED COPY OF BIRTH RECORD**

DISTRICT No. 3701 REGISTRAR'S No. 221

**GARNA BELL MC BEE**

FULL NAME OF CHILD		DATE IF NAME ADDED BY SUPPLEMENTAL REPORT	
PLACE OF BIRTH: COUNTY <u>San Diego</u>		NAME OF HOSPITAL OR INSTITUTION <u>Gracewood Hospital</u>	
CITY OR TOWN <u>San Diego</u> <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small>		<small>IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION</small>	
SEX <u>Female</u>	TWIN OR TRIPLET	IF SO—BORN 1ST 2D 3D	DATE OF BIRTH <u>February 5th, 1928</u> <u>6:40 p.</u> M.
FATHER OF CHILD		MOTHER OF CHILD	
FULL NAME <u>Guy Charles Mc Bee</u>		FULL MAIDEN NAME <u>Fayette Kilbourne</u>	
COLOR OR RACE <u>White</u>		COLOR OR RACE <u>White</u>	
BIRTHPLACE <u>Bronson, Kans.</u>		BIRTHPLACE <u>Houghton, Kans.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>2/7/28</u>		I hereby certify that I attended the birth of this child, on the date above stated.	
REGISTRAR'S SIGNATURE <u>Alex M. Leann, M.D.</u>		ATTENDANT'S OWN SIGNATURE <u>Wilma G. Carmody D.O.</u>	
By <u>Helen Hawe, Clerk</u>		ADDRESS <u>1861 - 3rd Street</u> DATE SIGNED <u>2/5/28</u>	

**CERTIFICATION BY LOCAL REGISTRAR OR COUNTY RECORDER**

THIS IS TO CERTIFY, That the foregoing is a true and correct copy of statements appearing on the recorded birth of the above named child, as filed in the local or county records and is issued under the provisions of Section 10202, Health and Safety Code.

IN TESTIMONY WHEREOF, Witness my hand and seal this 15th day of January, 1944,  
at San Diego, California.

FEE \$1.00

Amended as per affidavit January 12th, 1944.  
[SEAL]

Registrar of Vital Statistics  
Official Title