

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

59778
LOCAL REGISTERED No. 13 196

PLACE OF BIRTH. Dist. No. 4104

County of San Mateo

City or Rural Registration District Redwood City

STANDARD CERTIFICATE OF BIRTH

No. Middlefield Hospital St. Ward
If birth occurred in a hospital or institution, give its NAME instead of street and number

FULL NAME OF CHILD Joan Marie Hill.

[If child is not yet named, make supplemental report as directed.]

Sex Female If plural births 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature Full term X 7. Date of birth (month, day, year) February 3 1935

FATHER Full name Charles Milton Hill 17. Full maiden name Katherine Schwab

818 Roosevelt Ave. Redwood City, Cal. 18. Residence (usual place of abode; if nonresident, give place and State) See #9 Same

Color or race White 11. Age at last birthday 34 years 19. Color or race White 20. Age at last birthday 33 years

Birthplace Philadelphia, Pa. 21. Birthplace Fulda, Minnesota

13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder 22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mechanic 23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

15. Date (month and year) last engaged in this work Feb 19 35 16. Total time (years) spent in this work 6 yrs 24. Date (month and year) last engaged in this work Feb. 19 35 25. Total time (years) spent in this work 6 yrs

If stillborn, period of gestation { months or weeks 27. Cause of stillbirth { Before labor During labor

Was a prophylactic for Ophthalmia Neonatorum used? Yes If so, what? 1% AgNo3 29. Specify congenital crippling deformities None

Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:58 A. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

[SIGNED] R.F. Monteith, M.D.

Physician

Physician, midwife, father, etc.

Given name added from a supplemental report

Address Redwood City, Cal.

32. Filed May 14, 1935. C. Drachman

Registrar

Date

Registrar

The foregoing document is a true and correct copy of the original record filed in this office in Vol. 22 of Birth Records, at Page 196.

CERTIFIED

Dated: July 7, 1975

2646

Marvin Church County Recorder
in and for the County of San Mateo,
State of California.

Compared

CQ