DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

LOCAL REGISTERED No. 750

1. PLACE OF BIRTH. Dist. No. 1904
County of Los Angeles
City or ~~Rural Registration District~~ Pasadena No. Woman's Hospital St.
If birth occurred in a hospital or institution, give its NAME instead of street an

2. FULL NAME OF CHILD WESLEY LINNE CARLSON [If child is not yet nam supplemental report as

3. Sex male | 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) October 19, 1937

FATHER	MOTHER
8. Full name Edward Carlson	17. Full maiden name Helen Louise Carrol
9. Residence (usual place of abode; if nonresident, give place and State) 495 Vermont St. Altadena, Calif.	18. Residence (usual place of abode; if nonresident, give place and State) 495 Vermont, Altadena
10. Color or race white; 11. Age at last birthday 25 years	19. Color or race white; 20. Age at last birthday 20
12. Birthplace Illinois (State or country)	21. Birthplace Iowa (State or country)
OCCUPATION: 13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter, irreg.	OCCUPATION: 22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. general	23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
15. Date (month and year) last engaged in this work Oct., 1937; 16. Total time (years) spent in this work 2	24. Date (month and year) last engaged in this work, 19; 25. Total time (years) spent in this work

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

28. Was a prophylactic for Ophthalmia Neonatorum used? yes If so, what? agno$_3$ 1% | 29. Specify congenital crippling deformities none

30. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive *at* 3.08 A. *on the date above stated.*
Born alive or stillborn

*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] A. L. Richardson, M.D.
Physician, midwife, father, etc.

Given name added from a supplemental report
Date of

Address First Trust Building

Registrar

32. Filed OCT 23 1937 WILTON L. HALVERSO LD
Date Registr

NB—In case of more than one child at birth, a SE and the number of each, in o er of birth, stated.

RATE RETURN must be made for

CERTIFICATION STATEMENT:

This is to certify that the above is a true and correct copy of the BIRTH CERTIFICATE of the above named child as registered in this office.

Health Officer

Deputy Registrar-Vital Statistics
Pasadena Public Health Department

Furnished for fee of $3.00

DATE DEC 2 1982 SEAL OF THE CITY OF PASADENA