STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND 6015 8171
CERTIFICATE NUMBER

THIS CHILD

1a. NAME OF CHILD—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Jodean	Ann	Wilson

2. SEX	3a. THIS BIRTH. SINGLE. TWIN. OR TRIPLET?	3b. IF TWIN OR TRIPLET. THIS CHILD BORN 1ST. 2ND. 3RD?	4a. DATE OF BIRTH—MONTH. DAY. YEAR	4b. HOUR
Female	Single	* * *	May 19, 1958	1:00 P M

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL	5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)
US Naval Hospital 4140	8750 Mountain Blvd. ☒ INSIDE CITY CORPORATE LIMITS ☐ OUTSIDE CITY CORPORATE LIMITS
5c. CITY OR TOWN	5d. COUNTY
Oakland	Alameda

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME	6b. MIDDLE NAME	6c. LAST NAME	7. COLOR OR RACE OF MOTHER
Josephine	Ann	Spielmann	White

8. AGE OF MOTHER (AT TIME OF THIS BIRTH)	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	10. MAILING ADDRESS OF MOTHER—(IF DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH REGISTRATION)
19 YEARS	Iowa	* * * *

USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS)	11b. IF INSIDE CORPORATE LIMITS ☒ CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE ☐ ON A FARM ☐ NOT ON A FARM
1670 Mission Street, Apt. 7		
11c. CITY OR TOWN	11d. COUNTY	11e. STATE
San Francisco 5.1	San Francisco	California

FATHER OF CHILD

12a. NAME OF FATHER—FIRST NAME	12b. MIDDLE NAME	12c. LAST NAME	13. COLOR OR RACE OF FATHER
Dean	Harlane	Wilson	White

14. AGE OF FATHER (AT TIME OF THIS BIRTH)	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16a. PRESENT OR LAST OCCUPATION	16b. KIND OF INDUSTRY OR BUSINESS
19 YEARS	Iowa	US Navy	* * * *

INFORMANT'S CERTIFICATION

I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

17a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT SPECIFY): ▶ Josephine Ann Wilson

17b. DATE SIGNED BY INFORMANT: May 20, 1958

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR. DATE AND PLACE STATED ABOVE

18a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH)—SIGNATURE—DEGREE OR TITLE: ▶ Roy A. Tandy L MD

18b. ADDRESS: USNH, Oakland, California

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT

20. LOCAL REGISTRAR—SIGNATURE: ▶ James C. Malcolm MD

21. DATE RECEIVED BY LOCAL REGISTRAR: JUL 3 1958

FILE No. 12-2625
RECORDING FEE $ 10.00
TRANSFER FEE $

FILED FOR RECORD THE 8 DAY OF May, 19 90 AT 3:32 O'CLOCK P M. BOOK 2 PAGE 8

STATE OF IOWA, DELAWARE COUNTY
Joan Sheppard, Recorder
By Misc., Deputy

12-2625

DELAWARE COUNTY IOWA
FILED

'90 MAY 8 PM 3 32

BOOK 2 PAGE 8
JOAN SHEPPARD
RECORDER

$10.00

