STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that this is a true copy of the document filed in this office, if validated on the reverse.

BEVERLY A. MYERS, DIRECTOR
DEPARTMENT OF HEALTH SERVICES
AND STATE REGISTRAR OF VITAL STATISTICS

by Mark L. Shields

VITAL STATISTICS BRANCH

AUG 1 8 [illegible]

STATE FILE NUMBER 58-336869

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRAR'S DISTRICT AND CERTIFICATE NUMBER 8304 6486

THIS CHILD

1a. NAME OF CHILD—FIRST: CHARLES — 1b. MIDDLE: WAYNE — 1c. LAST: READ

2. SEX: MALE — 3a. THIS BIRTH—SINGLE, TWIN, OR TRIPLET: SINGLE — 3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, OR 3RD? — 4a. DATE OF BIRTH—MONTH, DAY, YEAR: NOVEMBER 18, 1958 — 4b. HOUR: 2:42a

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: Corona Hospital — 5b. STREET ADDRESS OF HOSPITAL: 812 Main St.

5c. CITY OR TOWN: Corona — 5d. COUNTY: Riverside

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST: Joyce — 6b. MIDDLE: K. — 6c. LAST: Tripp — 7. COLOR OR RACE OF MOTHER: white

8. AGE OF MOTHER AT TIME OF THIS BIRTH: 19 YEARS — 9. BIRTHPLACE: Iowa — 10. MAILING ADDRESS OF MOTHER: 911 Ramona Ave. apt B

USUAL RESIDENCE OF MOTHER

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS: 911 Ramona Ave. apt B — 11b. IF INSIDE CITY CORPORATE LIMITS: ☒ — IF OUTSIDE CITY CORPORATE LIMITS: ☐ ON A FARM ☐ NOT ON A FARM

11c. CITY OR TOWN: Corona — 11d. COUNTY: Riverside — 11e. STATE: Calif.

FATHER OF CHILD

12a. NAME OF FATHER—FIRST: Donald — 12b. MIDDLE: — 12c. LAST: Read — 13. COLOR OR RACE OF FATHER: White

14. AGE OF FATHER AT TIME OF THIS BIRTH: 22 YEARS — 15. BIRTHPLACE: Iowa — 16a. PRESENT OR LAST OCCUPATION: U.S.M.C — 16b. KIND OF INDUSTRY OR BUSINESS: Marine Corps

INFORMANT'S CERTIFICATION

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

17a. PARENT OR OTHER INFORMANT—SIGNATURE: ▶ Joyce K. Read — 17b. DATE SIGNED BY INFORMANT: November 22, 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 ATTENDANT—SIGNATURE: ▶ Richard M. Wells M.D. — 18b. ADDRESS: Corona, Calif.

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT: — 20. LOCAL REGISTRAR—SIGNATURE: ▶ Everett W. Stevens M.D. — 21. DATE RECEIVED BY LOCAL REGISTRAR: DEC 31 1958

VALIDITY — REQUIRES SEAL AND

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
OFFICE OF THE
STATE REGISTRAR OF VITAL STATISTICS
VITAL STATISTICS SECTION
SACRAMENTO, CALIFORNIA

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