Form No. 2

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

Local Registered No. 12305

1. PLACE OF BIRTH. Dist. No. 1901
County of Los Angeles
City or
Rural Registration District Los Angeles
No. American Hospital St. Ward
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME OF CHILD Harriett Meribe Kalpakian
[If child is not yet named, make supplemental report as directed.]

3. Sex Female | If plural births | 4. Twin, triplet, or other | 5. Number, in order of birth | 6. Premature 0 Full term X | 7. Date of birth (month, day, year) September 9th, 1935

FATHER

8. Full name Harry Kalpakian

9. Residence (usual place of abode; if nonresident, give place and State) 6436 Haas Ave.

10. Color or race White | 11. Age at last birthday 47 years

12. Birthplace Turkey (State or country)

OCCUPATION

13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Groceryman

14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self

15. Date (month and year) last engaged in this work Present, 19 | 16. Total time (years) spent in this work 8

MOTHER

17. Full maiden name Helen Koolaksizian

18. Residence (usual place of abode; if nonresident, give place and State) 6436 Haas Ave.

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

21. Birthplace Turkey (State or country)

OCCUPATION

22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

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

24. Date (month and year) last engaged in this work Sept. 19 35 | 25. Total time (years) spent in this work 18

26. If stillborn, period of gestation No { months or weeks | 27. Cause of stillbirth None { Before labor 0 During labor 0

28. Was a prophylactic for Ophthalmia Neonatorum used? Yes If so, what? Ag No3

29. Specify congenital crippling deformities None

30. Number of children of this mother (At time of this birth and including this child) 5 (a) Born alive and now living 4 (b) Born alive but now dead 1 (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 (Born alive or stillborn) *at* 11:09 a. m. *on the date above stated.*

[Signed] David G. Azadian M.D.
Physician
(Physician, midwife, father, etc.)

Address 219 West 7th St.

*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.

Given name added from a supplemental report _____ Date of _____

_____ Registrar

32. Filed SEP 20 1935 (Date) George Parish M.D. (Registrar)

By F.W. Peterson (Deputy)

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING