

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
SANTA BARBARA, CALIFORNIA

4031

DISTRICT NO. 4254 REGISTRAR'S NO. 62

rm 2

1. <u>Robert Earl Williams</u> <small>FULL NAME OF CHILD</small>		<u>Triguero</u> <small>MAIDEN SURNAME OF MOTHER</small>	
2. PLACE OF BIRTH: (A) COUNTY <u>Santa Barbara</u> <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small> (B) CITY OR TOWN <u>Lompoc</u> (C) NAME OF HOSPITAL OR INSTITUTION <u>Lompoc Community Hospital</u> <small>IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION</small> (D) MOTHER'S STAY BEFORE DELIVERY: <u>1 day</u> IN THIS COMMUNITY <u>13 yr.</u> <small>SPECIFY WHETHER YEARS, MONTHS OR DAYS</small>		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: (B) STATE <u>California</u> <u>19</u> YEARS MONTHS DAYS (C) COUNTY <u>Santa Barbara</u> <u>19</u> YEARS MONTHS DAYS (D) CITY OR TOWN <u>Lompoc</u> <u>13</u> YEARS MONTHS DAYS <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small> (E) STREET AND NUMBER <u>208 North "J" Street</u>	
4. SEX <u>Male</u>	5. TWIN OR TRIPLET _____ <small>IF SO—BORN 1ST 2D 3D</small>	6. NUMBER OF MONTHS OF PREGNANCY <u>9</u>	7. DATE OF BIRTH <u>April 29 1946</u> <small>MONTH BY NAME DAY YEAR</small>
FATHER OF CHILD		MOTHER OF CHILD	
8. FULL NAME <u>Harvey McClellon Williams</u>		15. FULL MAIDEN NAME <u>Nadine Rosilee Triguero</u>	
9. COLOR OR RACE <u>White</u>		16. COLOR OR RACE <u>White</u>	
10. AGE AT TIME OF THIS BIRTH <u>21</u> YEARS		17. AGE AT TIME OF THIS BIRTH <u>19</u> YEARS	
11. LENGTH OF RESIDENCE IN CALIFORNIA <u>6</u> YEARS MONTHS DAYS		18. BIRTHPLACE <u>Santa Maria, Calif.</u>	
12. BIRTHPLACE <u>Rose Dale, Miss.</u>		19. USUAL OCCUPATION <u>Clerk</u>	
13. USUAL OCCUPATION <u>Electrician</u>		20. INDUSTRY OR BUSINESS _____	
14. INDUSTRY OR BUSINESS <u>Johns-Manville</u>		21. CHILDREN BORN TO THIS MOTHER: (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? <u>0</u> (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <u>0</u> (C) HOW MANY CHILDREN WERE BORN DEAD? <u>0</u>	
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF <u>10:55 P.</u> A.M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <u>Mrs. H. M. Williams</u> RELATED TO THIS CHILD AS <u>mother</u>			
24. DATE RECEIVED BY LOCAL REGISTRAR <u>May 8, 1946</u>		ATTENDANT'S OWN SIGNATURE <u>L. E. Haiges, Jr.</u>	
25. REGISTRAR'S SIGNATURE <u>I. O. Church, M.D.</u>		M.D., MIDWIFE OR OTHER <u>M.D.</u> DATE SIGNED <u>5-4-46</u>	
26. GIVEN NAME ADDED _____ BY <u>M. M. Stewart</u> <small>DATE REGISTRAR</small>		ADDRESS <u>Lompoc, Calif.</u>	
27. (A) PREGNANCY, COMPLICATIONS OF: <u>None</u>		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? <u>No</u> DESCRIBE: _____	
(B) LABOR, COMPLICATIONS OF: <u>None</u>		BIRTH INJURY? <u>No</u> DESCRIBE: _____	
(C) WAS THERE AN OPERATION FOR DELIVERY? <u>yes</u> STATE ALL OPERATIONS: <u>Episiotomy low forceps & repair</u> <small>YES OR NO</small>		(F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <u>yes</u> <small>IF SO, AT WHAT PERIOD OF GESTATION? <u>5</u> MOS. IF NOT, WHY NOT? _____</small>	
(D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? <u>yes</u> <small>IF YES, STATE DRUG. <u>1% silver nitrate</u> YES OR NO</small>			

Parent Nadine Williams
Read and approved by

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF LIVE BIRTH** U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
COUNTY OF SANTA BARBARA } SS

DATE ISSUED **APR 21 2004**

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Joseph E. Holland
JOSEPH E. HOLLAND
COUNTY CLERK, RECORDER and ASSESSOR
SANTA BARBARA, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk, Recorder and Assessor.



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