

PLACE OF BIRTH. Dist. No. 5454  
(To be inserted by Registrar)

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
VITAL STATISTICS

County of Tulare

Local Registered No. 131

City or Town of Porterville  
or Rural Registration District \_\_\_\_\_

STANDARD CERTIFICATE OF BIRTH

(No. Mt. Whitney Hospital St.; \_\_\_\_\_ Ward) [If birth occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME OF CHILD David Simonds Johnson [If child is not yet named, make supplemental report as directed.]

PERSONAL AND STATISTICAL PARTICULARS

|  |  |                                |  |  |  |                                    |  |
|--|--|--------------------------------|--|--|--|------------------------------------|--|
| SEX OF CHILD <u>Male</u>   |  | Twin, Triplet, or Other _____  |  | Number in Order of Birth _____   |  | DATE OF BIRTH <u>June 29, 1924</u> |  |
| (To be answered only in event of plural births)  |  |                                |  | (Month)  |  | (Day)                              |  |
| FATHER   |  |                                |  | MOTHER   |  |                                    |  |
| FULL NAME <u>Frank D. Johnson</u>  |  |                                |  | FULL MAIDEN NAME <u>Wanda Simonds</u>  |  |                                    |  |
| RESIDENCE <u>Delano, Cal.</u>  |  |                                |  | RESIDENCE <u>Delano, Cal.</u>  |  |                                    |  |
| COLOR OR RACE <u>White</u>   |  | AGE AT LAST BIRTHDAY <u>37</u> |  | COLOR OR RACE <u>White</u>   |  | AGE AT LAST BIRTHDAY <u>35</u>     |  |
| (Years)  |  | (Years)                        |  | (Years)  |  | (Years)                            |  |
| BIRTHPLACE <u>Kansas</u>   |  |                                |  | BIRTHPLACE <u>Kansas</u>   |  |                                    |  |
| (State or country)   |  |                                |  | (State or country)   |  |                                    |  |
| OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u>                        |  |                                |  | OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u>                     |  |                                    |  |
| (b) General nature of industry, business, or establishment in which employed (or employer) _____ |  |                                |  | (b) General nature of industry, business, or establishment in which employed (or employer) _____ |  |                                    |  |
| Was a prophylactic for Ophthalmia Neonatorum used? <u>Yes</u>                                    |  |                                |  | Number of children born to this mother, including present birth <u>2</u>                         |  |                                    |  |
| If so, what? <u>1% Ag no 3</u>   |  |                                |  | Number of children of this mother now living <u>2</u>  |  |                                    |  |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10:18 A.M. 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.

(Signature) 24 Austin Miller

Dated 6/29/24 Physician  
(Physician, midwife, father, etc.)

Given name added from a supplemental report \_\_\_\_\_

Address Porterville, Cal.

Filed 7/3/24 W.R.Means  
Registrar or Deputy

Filed at the Request of W.R.Means this 4 day of Aug., 1924 Records of Tulare County.  
Ira Chrisman, Recorder.

STATE OF CALIFORNIA }  
County of Tulare } ss.

I, W. W. Sunkel,  
County Recorder in and for the County of Tulare, State of California, do hereby certify that I have compared the foregoing  
copy of Birth--David Simonds Johnson

with the original record of the same in this office, and it is a full, true and correct transcript of the whole of said original record.

Witness my hand and official seal this

24th day of Dec. A. D., 1942

W. W. SUNKEL, County Recorder

By Hariett Randolph  
Deputy Recorder

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

## INSTRUCTIONS

1. THIS IS A LEGAL DOCUMENT. IT IS A PERMANENT RECORD.
2. A birth certificate must be filed for every child born. In case of plural births a separate certificate must be filed for each child.

A stillbirth must be registered both as a birth and a death. If, however, the foetus has not advanced to the fifth month of uterogestation no certificate need be filed.

Midwives are prohibited by law from signing death certificates of stillborn children. In case of a stillbirth with no physician in attendance, refer the case to the coroner.
3. All information called for on this certificate must be given. Read the printed matter carefully.
4. THE PHYSICIAN in attendance must file the birth certificate with the local registrar of the registration district in which the birth occurs. If there was no physician in attendance, then the midwife or person acting as such, must file the birth certificate with the local registrar.

If no person attended the birth, then the father or mother must file the birth certificate with the local registrar.
5. In Freeholders Charted Cities the health officer is the registrar.

In other cities of 5,000 inhabitants or more at the last census, the city clerk is the registrar.

The balance of each county is divided into rural registration districts, with the registrar especially appointed. It is customary for city clerks to act as registrars for rural districts. Information concerning district boundaries can be obtained from the Department of Public Health, Vital Statistics, Sacramento.
6. SIGNATURE: This certificate must bear the ACTUAL SIGNATURE of the physician, midwife or person acting as midwife. Typewritten and rubber stamp signatures are not legal and can not be accepted.
7. If the child is not named before this certificate is filed, a SUPPLEMENTAL REPORT OF BIRTH must be filed with the local registrar as soon as the child is named. Secure the blank from the local registrar.
8. Fill out the certificate (except signatures) with typewriter if possible. Otherwise WRITE PLAINLY with black ink.

BE CAREFUL in spelling names. Make them legible.

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