

(1) PLACE OF BIRTH

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

B. O. V. S.

269

F
O
R
M

B

County of

Bexar

Registration District No.

File No.

4925

Register No.

99158

City

San Antonio

(No. 222 E. Whithier

St.,

Ward)

(2) FULL NAME OF CHILD

Robson

If child is not yet named, make supplemental report, as directed.

(3) Sex of Child

male

(4) Twin, triplet, or other

(5) Number in order of birth

(6) Legitimate (Yes or No)

yes.

(7) Date of Birth

Dec 23

(Day)

1928

FATHER

(8) FULL NAME

A. J. Robson

(9) RESIDENCE

Post Office Address

Blanco Road

(10) COLOR

white

(11) AGE AT LAST BIRTHDAY

(Years)

27

(12) BIRTHPLACE

Tex

(13) OCCUPATION

Q. R. Clerk

(20) Number of children born to this mother, including present birth

1

MOTHER

(14) FULL MAIDEN NAME

Marguerite Ann Shouar

(15) RESIDENCE

Post Office Address

Blanco Road

(16) COLOR

white

(17) AGE AT LAST BIRTHDAY

(Years)

19

(18) BIRTHPLACE

Tex.

(19) OCCUPATION

housewife

(21) Number of children of this mother now living

1

(22) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive stillborn- at > 12 P M. on the date above stated

*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)

(Physician or Midwife)

Give name added from a supplemental

report

, 192

Address

612 Gibbs Bldg

(23) Filed DEC 12 1928 192

Registrar.

Registrar.

(24) Were prophylactic precautions taken at time of birth to prevent ophthalmia neonatorum? Yes

No

When more than one child is born a certificate for each child must be filed, filling items 4 and 5 carefully. For stillbirth file both birth and death certificates.