

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**CITY AND COUNTY OF**  
**SAN FRANCISCO**

PLACE OF BIRTH **California State Board of Health** State Index No. \_\_\_\_\_  
**BUREAU OF VITAL STATISTICS** Local Registered No. **8490**  
**STANDARD CERTIFICATE OF BIRTH**

City and County of **SAN FRANCISCO** (No. **St. Francis Hospital** Ward) [If birth occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME OF CHILD **Joseph Richard Waters** [If named, make supplemental report, as directed.]

**PERSONAL AND STATISTICAL PARTICULARS**

SEX OF CHILD <b>Male</b>	Twin, Triplet, or Other (To be answered only in event of plural births)	Number in Order of Birth	DATE OF BIRTH <b>December 22 1919</b> (Month) (Day) (Year)
FATHER FULL NAME <b>Joseph John Waters</b> RESIDENCE <b>San Francisco, 2503 Clement St., City Calif.</b>		MOTHER FULL MAIDEN NAME <b>Carrie Margaret Sylvia</b> RESIDENCE <b>San Francisco, 2503 Clement St., City Calif.</b>	
COLOR OR RACE <b>White</b>	AGE AT LAST BIRTHDAY <b>23</b> (Years)	COLOR OR RACE <b>White</b>	AGE AT LAST BIRTHDAY <b>23</b> (Years)
BIRTHPLACE <b>San Francisco, State or Country Calif.</b>		BIRTHPLACE <b>Yreka, State or Country Siskiyou Co.</b>	
OCCUPATION (a) Trade, profession, or particular kind of work <b>Car Conductor</b> (b) General nature of industry, business, or establishment in which employed (or employer) <b>United Railroads</b>		OCCUPATION (a) Trade, profession, or particular kind of work <b>Housewife</b> (b) General nature of industry, business, or establishment in which employed (or employer)	
Was a prophylactic for Ophthalmia Neonatorum used? <b>Yes</b> If so, what? <b>Silver Nitrate 1%</b>		Number of children born to this mother, including present birth <b>1</b> Number of children of this mother now living <b>1</b>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was **born alive** on the date above stated. (Born alive or stillborn)

(Signature) *W. C. Hassler*  
 Dated **Dec 23 1919** Physician, midwife, father, etc.  
 Address **2253 Clement St.**  
**WILLIAM C HASSLER**  
 Registrar or Deputy

Given name added from a supplemental report **Oct. 13, 1920**  
**m. j.**  
 Registrar

Form 2. 45300 4-19 1044



STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO  
 This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.



*Mitchell Katz*  
**Mitchell Katz, M.D.**  
 Health Officer and Local Registrar



This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE