

1. PLACE OF BIRTH. Dist. No. 1901
County of Los Angeles
City or
Rural Registration District Los Angeles

STANDARD CERTIFICATE OF BIRTH

No. American Hospital St. _____ Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number
(If child is not yet named, make supplemental report as directed.)

2. FULL NAME OF CHILD Harriett Meribe Kalpakian

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

8. Full name Harry Kalpakian
FATHER

17. Full maiden name Helen Koolaksizian
MOTHER

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

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

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

12. Birthplace Turkey
State or country

21. Birthplace Turkey
State or country

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

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

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

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

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

24. Date (month and year) last engaged in this work Sept. 1935 25. Total time (years) spent in this work 18

26. If stillborn, period of gestation No { months or weeks } 27. Cause of stillbirth None

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

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 at 11:09 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.

[SIGNED] David G. Gadian, M.D.
Physician, midwife, father, etc.

Given name added from a supplemental report _____
Date of _____

Address 219 West 7th St.
George Vanish M.D.

32. Filed SEP 20 1935 Registrar H.W. Peterson
Date _____ REGISTRAR
DEPUTY

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFAADING 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.