

PLACE OF BIRTH. Dist. No. **3801**
(To be inserted by Registrar)
City and **SAN FRANCISCO**
County of _____

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

7554

Local Registered No. _____

STANDARD CERTIFICATE OF BIRTH

(No. Mount Zion Hospital St.; 3 Ward)

[If birth occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME OF CHILD Ruth Marilyn Klein

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

PERSONAL AND STATISTICAL PARTICULARS

SEX OF CHILD Female		Twin, Triplet, or Other		Number in Order of Birth		DATE OF BIRTH December 14, 1931. (Month) (Day) (Year)	
FATHER FULL NAME Joseph Samuel Klein RESIDENCE 2040 Grove St. City State COLOR OR RACE White BIRTHDAY 34 (Years)				MOTHER FULL MAIDEN NAME Gussie Lerer RESIDENCE 2040 Grove St. City State COLOR OR RACE White BIRTHDAY 32 (Years)			
BIRTHPLACE Nebraska (State or country)				BIRTHPLACE California (State or country)			
OCCUPATION (a) Trade, profession or particular kind of work Butcher (b) General nature of industry, business, or establishment in which employed (or employer)				OCCUPATION (a) Trade, profession or particular kind of work Housewife. (b) General nature of industry, business, or establishment in which employed (or employer)			
Was a prophylactic for Ophthalmia Neonatorum used? Yes If so, what? Silver Nitrate 1%				Number of children born to this mother, including present birth 2 Number of children of this mother now living 2			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:52 p.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) H. A. Suprenson

Dated 12/15/31. _____
(Physician, midwife, father, etc.)

Address 1490 Post St.

Filed DEC 18 1931. _____
Registrar or Deputy

Given name added from a supplemental report Jan 2 1932
Registrar

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. 5781

DATED: Mar. 2, 1973

SAN FRANCISCO, CALIFORNIA

Francis J. Curry, M.D.
FRANCIS J. CURRY, M.D.
DIRECTOR OF PUBLIC HEALTH
AND LOCAL REGISTRAR