

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICSLOCAL REGISTERED No. 211. PLACE OF BIRTH. Dist. No. _____
County of Alameda
City or _____
Rural Registration District Alameda

STANDARD CERTIFICATE OF BIRTH

No. 1214 Oak St. _____ Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number2. FULL NAME OF CHILD FUMIKO ITAHARA [If child is not yet named, make supplemental report as directed.]

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term	7. Date of birth (month, day, year) <u>Jan. 10, 1914</u>
8. Full name <u>Yoshio Itahara</u>			17. Full maiden name <u>Hama Komatsu</u>	
9. Residence (usual place of abode; if nonresident, give place and State) <u>1214 Oak Street</u>			18. Residence (usual place of abode; if nonresident, give place and State) <u>1214 Oak St.</u>	
10. Color or race <u>Japanese</u>	11. Age at last birthday <u>45</u> years	19. Color or race <u>Japanese</u>	20. Age at last birthday <u>37</u> years	
12. Birthplace <u>Japan</u> State or country			21. Birthplace <u>Japan</u> State or country	
OCCUPATION	13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laundry-man</u>		22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	14. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	15. Date (month and year) last engaged in this work _____ 19	16. Total time (years) spent in this work	24. Date (month and year) last engaged in this work _____ 19	25. Total time (years) spent in this work
26. If stillborn, period of gestation _____ months or weeks		27. Cause of stillbirth _____		
28. Was a prophylactic for Ophthalmia Neonatorum used? If so, what?			29. Specify congenital crippling deformities	
30. Number of children of this mother (At time of this birth and including this child) <u>4</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____				

31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 5 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.

[SIGNED] Mrs. Takiye Kondo

Physician, midwife, father, etc.

Given name added from
a supplemental reportAddress 2328 Buena Vista Ave.

Date of _____

32. Filed Jan. 22, 1914. A. Hieronymus.

Registrar

Date

Registrar

READ AND APPROVE
 WRITE PLAINLY WITH UNFADING 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.

MARGIN RESERVED FOR BINDING

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICSLOCAL REGISTERED No. 21

1. PLACE OF BIRTH. Dist. No. _____

County of Alameda

City or

Rural Registration District Alameda

STANDARD CERTIFICATE OF BIRTH

No. 1214 Oak

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

FUMIKO ITAHARA

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature Full term	7. Date of birth (month, day, year) <u>Jan. 10, 1914</u>
8. Full name <u>FATHER</u> <u>Yoshio Itahara</u>			17. Full maiden name <u>MOTHER</u> <u>Hama Komatsu</u>		
9. Residence (usual place of abode; if nonresident, give place and State) <u>1214 Oak Street</u>			18. Residence (usual place of abode; if nonresident, give place and State) <u>1214 Oak St.</u>		
10. Color or race <u>Japanese</u>	11. Age at last birthday <u>45</u> years	19. Color or race <u>Japanese</u>	20. Age at last birthday <u>37</u> years		
12. Birthplace <u>Japan</u> State or country			21. Birthplace <u>Japan</u> State or country		
13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laundry-man</u>			22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
14. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
15. Date (month and year) last engaged in this work _____, 19		16. Total time (years) spent in this work _____		24. Date (month and year) last engaged in this work _____, 19	
25. Total time (years) spent in this work _____		26. If stillborn, period of gestation _____ { months or weeks		27. Cause of stillbirth _____ { Before labor _____ During labor _____	
28. Was a prophylactic for Ophthalmia Neonatorum used? _____ If so, what?			29. Specify congenital crippling deformities _____		
30. Number of children of this mother (At time of this birth and including this child) <u>4</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____					

31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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[SIGNED] Mrs. Takiye Kondo

Physician, midwife, father or

Given name added from a supplemental report _____

Address 2328 Buena Vista Ave.

Date of _____

32. Filed Jan. 22, 1914. A. Hieronymus, Registrar

Registrar

Date

Registrar

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READ AND APPROVE

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

LOCAL REGISTERED No. 21

1. PLACE OF BIRTH. Dist. No. _____

County of Alameda

City or _____

Rural Registration District Alameda

STANDARD CERTIFICATE OF BIRTH

No. 1214 Oak 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 FUMIKO ITAHARA3. Sex FemaleIf plural
births4. Twin, triplet, or other
5. Number, in order of birth _____

6. Premature _____

Full term _____

7. Date of birth
(month, day, year) Jan. 10, 19148. Full
nameYoshio Itahara

FATHER

17. Full
maiden nameHama Komatsu

MOTHER

9. Residence (usual place of abode;
if nonresident, give place and State)1214 Oak Street18. Residence (usual place of abode;
if nonresident, give place and State)1214 Oak St.10. Color or race Japanese11. Age at last birthday 45 years19. Color or race Japanese20. Age at last birthday 37 years

12. Birthplace

Japan

State or country

21. Birthplace

Japan

State or country

OCCUPATION

13. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Laundry-man14. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.15. Date (month and year)
last engaged in this work

, 19

16. Total time (years)
spent in this work

OCCUPATION

22. Trade, profession, or particular
kind of work done, as housekeeper,
typist, nurse, clerk, etc.Housewife23. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.24. Date (month and year)
last engaged in this work

, 19

25. Total time (years)
spent in this work26. If stillborn,
period of gestation{ months
or weeks

27. Cause of stillbirth _____

{ Before labor _____

{ During labor _____

28. Was a prophylactic for
Ophthalmia Neonatorum used?If so,
what?29. Specify congenital
crippling deformities _____

30. Number of children of this mother

(At time of this birth and including this child) 4(a) Born alive and now living 1

(b) Born alive but now dead _____

(c) Stillborn _____

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evidence of life after birth.

[SIGNED] Mrs. Takiye Kondo

Physician, midwife, factory etc.

Given name added from
a supplemental report _____

Date of _____

Address 2328 Buena Vista Ave.32. Filed Jan. 22, 1914. A. Hieronymus.

Registrar

Date

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