1 PLACE OF BIRTH. DIST. No. 5651	California State Board of Health	Local Registered No. 172
CITY OF OXNARD	STANDARD CERTIFICATE OF BIRTH	[If birth occurred in a hospital or institution, give its NAME instead of street and number.]
2 Full Name of Child Trugit		[If child is not yet named, make supplemental report as directed.]
	Number in Order 6 DATE OF SEALE	Inuba 24 10 2 Month) (Day) (Year)
7 FULL SATHER KANA	mori Brull MAIDEN Mich	MOTHER LOW
8 RESIDENCE Ownerd City	Caly State RESIDENCE OKNA	d city Caly State
OR RACE Japonese BIR	THOAY (Years) IS COLOR OR RACE Japane	BIRTHDAY (Years)
11 BIRTHPLACE Jakon (Super Country)	17 BIRTHPLACE	apau Supe or Country)
12 OCCUPATION (a) Trade, profession, or particular kind of work Gamal	18 OCCUPATION (a) Trade, profession, or particular kind of work	Housewife
(b) General nature of industry, business, or establishment, in which employed (or employer)	(b) General nature of industry, business, or establishment in which employed (or employer)	
18a Was a prophylactic for Ophthalmia Neonatorum used?	19 Number of children born to this n 20 Number of children of this mothe	
I hereby certify that I attended the birth of this on the date above stated.	child, who was Bour alive or Still	at 7-15-9 M.
*When there was no attending physician or midwife, then the father, householder, etc., should make this re- turn. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Signature)	Philo
Given name added from a supplemental	Dated 45 2019 2	(Physician midwife, father, etc.)
report	Address 22 FILED AL 18. 199 7	auh B Bitter
Registrar	Name of the state	Registrar or Deputy
THIS IS TO CERTIFY THAT T RECORD IN THIS OFFICE. OFFICE OF VENTURA COUNTY	HIS IS A TRUE COPY OF THE RECORDER. OLIVIA MONTA	

DATE: June 25, 1958