

The City of Seattle

Washington

DEPARTMENT OF HEALTH AND SANITATION

OFFICE OF THE COMMISSIONER OF HEALTH
AND REGISTRAR OF VITAL STATISTICS

CERTIFIED COPY OF BIRTH CERTIFICATE

PLACE OF BIRTH

County of King,
City of Seattle.

Volume No. 1912

Register No. 2085

No. 525 Washington St.; Ward

FULL NAME OF CHILD TSUNEYOSHI TOKUDA

Sex of Child Male Twin, Triplet or other? } and Number in order of birth Legitimate? Yes Date of Birth May 29, 1912.
(Month) (Day) (Year)

FATHER Full Name Tsunezo Tokuda

Residence 525 Wash. St.

Color Japanese Age at last Birthday 32 (Years)

Birthplace (State or Country) Japan

Occupation Chauffeur

MOTHER Full Maiden Name Sayo Tokuda

Residence 525 Wash. St.

Color Japanese Age at last Birthday 30 (Years)

Birthplace (State or Country) Japan

Occupation Housewife

Number of child of this mother 2nd Number of children, this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, and that it occurred on May 29, 1912, at M. 8P

(Signature) Tsune Okuno,

Given name added from a supplemental

Physician or Midwife

report

Address Seattle, Washington

Filed June 27, 1912.

J. E. Crichton

Registrar

Registrar

I Hereby Certify, That the foregoing is a true, full and correct copy of the certificate of birth of

TSUNEYOSHI TOKUDA

on file in this office.

A. A. Braymer
Deputy Registrar, City of Seattle.

Seattle, Wash., JUNE 27th, 1912.



Dept. of Statistics
Public Safety Bldg



CORRECTED
CERTIFICATE
SEE OTHER SIDE

SEATTLE-KING COUNTY
 DEPARTMENT OF PUBLIC HEALTH
 VITAL STATISTICS SECTION
 1100 Public Safety Building, Seattle 4, Washington

Copy plus original

CERTIFIED COPY OF BIRTH CERTIFICATE

10+1P 10-1-69

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

PLACE OF BIRTH
 County of KING
 City or Town of SEATTLE

WASHINGTON STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH,
 (No. 525, Washington St.; _____ Ward)

Record No. _____
 File No. _____
 Registered No. 2085

Registration Dist. No. _____

FULL NAME OF CHILD Teun yoshi Tokuda } If child is not yet named, make supplemental report, as directed.

Sex of Child Male Twin, Triplet or other? _____ } and { Number in order of birth _____ Legitimate? Yes Date of Birth May 29, 1962
 (Month) (Day) (Year)

FATHER		MOTHER	
Full Name <u>Teunzo Tokuda</u>	Residence <u>525 Wash St</u>	Full Maiden Name <u>Sayo Tokuda</u>	Residence <u>525 Wash St</u>
Color <u>Japanese</u>	Age at last Birthday <u>32</u> (Years)	Color <u>Japanese</u>	Age at last Birthday <u>30</u> (Years)
Birthplace (State or Country) <u>Japan</u>	Occupation <u>Chauffeur</u>	Birthplace (State or Country) <u>Japan</u>	Occupation <u>Housewife</u>
Number of child of this mother <u>2nd</u>		Number of children, this mother, now living <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, and that it occurred on May 29, 1962, at 8 P.M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) _____
Teunzo Tokuda
 (Physician or Midwife)

Give name added from a supplemental report. George

Address _____
Washington
 Filed June 27, 1969
 Registrar.

OCT 1 - 1969
 S. P. Lehman
 Registrar.



I HEREBY CERTIFY, That the foregoing is a true, full and correct copy of the original Certificate of Birth on file in this office.

S. P. Lehman M.D.

Seattle-King County Registrar

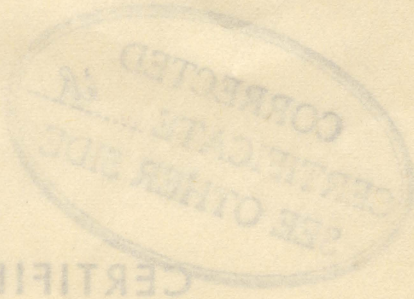
By E. Gentie

Seattle, Wash. OCT 1 - 1969

CR.

Copy of Birth Certificate

SEATTLE-KING COUNTY
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS SECTION
1100 Public Safety Building Seattle 4, Washington



SEATTLE-KING COUNTY
DEPARTMENT of PUBLIC HEALTH

CORRECTION

Date Corrected: October 1, 1969

Item Corrected to Read:

Given name of child: George Tsuneyoshi

Correction Made by Affidavit of: Self

PLAGE OF BIRTH
County of KING
City of SEATTLE

Registration Dist. No. 5085

FULL NAME OF CHILD: *George Tsuneyoshi*

Sex of Child: Male
Date of Birth: *10/13/32*

FATHER: *George Tsuneyoshi*
Name: *George Tsuneyoshi*
Residence: *252 West 4th*
Color: *Black*
Date of Last Birth: *1932*
Birthplace: *Japan*
State or Country: *Japan*
Occupation: *Plumber*

MOTHER: *Yoshiko Tsuneyoshi*
Name: *Yoshiko Tsuneyoshi*
Residence: *252 West 4th*
Color: *Black*
Date of Last Birth: *1932*
Birthplace: *Japan*
State or Country: *Japan*
Occupation: *Homemaker*

Number of children of this mother, this father, now living: *2*



When this certificate is filed, it shall be deemed a true and correct copy of the original certificate of birth on file in this office.

I HEREBY CERTIFY that I attended the birth of this child and that I prepared and signed this certificate of birth.

Signature: *James Johnson*
Address: *1100 Public Safety Building*
City: *Seattle*
State: *Washington*

Signature: *E. V. Johnson*
Address: *1100 Public Safety Building*
City: *Seattle*
State: *Washington*

Date: *OCT 1 - 1969*

I HEREBY CERTIFY that the foregoing is a true, full and correct copy of the original Certificate of Birth on file in this office.

Signature: *B. P. Johnson M.D.*
Address: *Seattle-King County Registrar*
City: *Seattle*
State: *Washington*

Date: *OCT 1 - 1969*

