

Form No. 2
1920PLACE OF BIRTH. Dist. No. 3701
(To be inserted by Registrar)STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICSCounty of San Diego

STANDARD CERTIFICATE OF BIRTH

Local Registered No. 678City or
Town of San Diego
or Rural Regis-
tration District _____(No. San Diego Co. Hosp. St.; _____ Ward) [If birth occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME OF CHILD

TERRY COURTNEY GILMAN

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

PERSONAL AND STATISTICAL PARTICULARS

SEX OF CHILD Male		Twin, Triplet, or Other (To be answered only in event of plural births)		Number in Order of Birth		DATE OF BIRTH April 17th 1926 (Month) (Day) (Year)	
FATHER FULL NAME Homer Geoffrey Gilman				MOTHER FULL MAIDEN NAME Marvel May Peck			
RESIDENCE 3628 Filbert St. San Diego City Calif. State				RESIDENCE 3628 Filbert St. San Diego City Calif. State			
COLOR OR RACE White		AGE AT LAST BIRTHDAY 28 (Years)		COLOR OR RACE White		AGE AT LAST BIRTHDAY 23 (Years)	
BIRTHPLACE Missouri (State or country)				BIRTHPLACE Colorado (State or country)			
OCCUPATION (a) Trade, profession or particular kind of work Carpenter (b) General nature of industry, business, or establishment in which employed (or employer) various				OCCUPATION (a) Trade, profession or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) Home			
Was a prophylactic for Ophthalmia Neonatorum used? If so, what? AgNO3 1% followed by NSS				Number of children born to this mother, including present birth 1			
				Number of children of this mother now living 1			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:40 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) B. A. SCHWARTZ MDDated 4/17/26

(Physician, midwife, father, etc.)

Given name added from a supplemental report _____

Address San Diego Co. Hosp.Filed Apr. 26, 1926 Alex M. Lessem M.D.

Registrar

Registrar or Deputy

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE