

# Department of Health

CITY OF LOS ANGELES

DIVISION OF VITAL STATISTICS

## CERTIFIED COPY OF LOCAL RECORD

This is to Certify that the attached is a full, true, and correct copy  
of the certificate of Birth  
of Herald Fremont Bartle, Jr., which is  
on file in this office, and of which I am the legal custodian.

In Testimony Whereof witness my hand and seal of office, at Los Angeles,  
California, this 15<sup>th</sup> day of Aug., 1949

Fee \$1.00

PAID

George Parrish M.D.

Registrar of Vital Statistics

By La. Anne Robinson

Deputy Registrar

No. 41122

## INSTRUCTIONS

1. THIS IS A LEGAL DOCUMENT. IT IS A PERMANENT RECORD.
2. A birth certificate must be filed for every child born. In case of plural births a separate certificate must be filed for each child.

A stillbirth must be registered both as a birth and a death. If, however, the foetus has not advanced to the fifth month of uterogestation no certificate need be filed.

Midwives are prohibited by law from signing death certificates of stillborn children. In case of a stillbirth with no physician in attendance, refer the case to the coroner.
3. All information called for on this certificate must be given. Read the printed matter carefully.
4. THE PHYSICIAN in attendance must file the birth certificate with the local registrar of the registration district in which the birth occurs within four days after the birth. If there was no physician in attendance, then the midwife or person acting as such, must file the birth certificate with the local registrar. If no person attended the birth, then the father or mother must file the birth certificate with the local registrar.
5. In Freeholders Charter Cities and in those cities of 5,000 inhabitants or more at the last census which have a contract with the County Health Officer to care for the health work in that city, the health officer is the local registrar.

In other cities of 5,000 inhabitants or more at the last census, the city clerk is the registrar.

The balance of each county is divided into rural registration districts, with the registrar especially appointed. It is customary for city clerks to act as registrars for rural districts. Information concerning district boundaries can be obtained from the Department of Public Health, Vital Statistics, Sacramento.
6. SIGNATURE: This certificate must bear the ACTUAL SIGNATURE of the physician, midwife or person acting as midwife. Typewritten and rubber stamp signatures are not legal and can not be accepted.
7. If the child is not named before this certificate is filed a SUPPLEMENTAL REPORT OF BIRTH must be filed with the local registrar as soon as the child is named. Secure the blank from the local registrar.
8. Fill out the certificate (except signatures) with typewriter if possible. Otherwise WRITE PLAINLY with black ink.

BE CAREFUL in spelling names. Make them legible.

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
VITAL STATISTICS

STATE OF CALIFORNIA  
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VITAL STATISTICS

LOCAL REGISTERED No. 16600

1. PLACE OF BIRTH. Dist. No. 1901

County of Los Angeles

City or

Rural Registration District Los Angeles

## STANDARD CERTIFICATE OF BIRTH

No. Hosp. of the Good Samaritan

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

2. FULL NAME OF CHILD Gerald Fremont Bartle, Jr.

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

3. Sex Male

If plural births

4. Twin, triplet, or other  
5. Number, in order of birth6. Premature  
Full term7. Date of birth  
(month, day, year)

Dec. 10th, 1929

8. Full name

Gerald Fremont Bartle

17. Full maiden name

Doris Elizabeth Spinks

9. Residence (usual place of abode;  
if nonresident, give place and State)

730 West Hillcrest

18. Residence (usual place of abode;  
if nonresident, give place and State)

Blvd. Monrovia

10. Color or race

White

11. Age at last birthday

30

years

19. Color or race

White

20. Age at last birthday

26

years

12. Birthplace

Calif

State or country

21. Birthplace

Calif.

State or country

OCCUPATION

13. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Banker

14. 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.

Housewife

23. 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 work

-

26. If stillborn,  
period of gestation

-

{ months  
or weeks

27. Cause of stillbirth

-

{ Before labor  
During labor28. Was a prophylactic for  
Ophthalmia Neonatorum used?

yes

If so,  
what?

1% Agno3

29. Specify congenital  
crippling deformities

-

30. Number of children of this mother  
(At time of this birth and including this child)

One

(a) Born alive and now living

One

(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 Born alive at 12:22 P.M.  
on the date above stated.

\*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]

J. Born alive or stillborn  
S. Morris Seamans

Dated Dec. 12, 29

Physician, midwife, father, etc.

Given name added from  
a supplemental report

1/9/30

Date of

S.S.T.

Address 819 Pacific Mutual Bldg

32. Filed

Dec. 14, 1929

Date

Registrar

George Lamish M.D.  
REGISTRAR  
in J. C. Patterson

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.