



*South Bay Cities Genealogical Society*  
**First Families of the South Bay**  
 Application



Individuals who lived in the South Bay area of Los Angeles County before World War II or their direct descendants, are eligible for membership in the First Families of the South Bay (FFSB). Applicants do not need to live in the South Bay but must prove that they or their ancestor(s) lived in the South Bay area before 4 July 1940 AND that they are direct descendants. (Additional categories of membership are envisioned for earlier ancestral residency.)

The following cities have been identified as South Bay communities:

- |             |                        |               |
|-------------|------------------------|---------------|
| Carson      | Hermosa Beach          | Playa Del Rey |
| El Segundo  | Lawndale               | Redondo Beach |
| Inglewood   | Lennox                 | San Pedro     |
| Gardena     | Lomita                 | Torrance      |
| Harbor City | Manhattan Beach        | Westchester   |
| Hawthorne   | Palos Verdes Peninsula | Wilmington    |

Applicant Name (as you wish it to appear on your Certificate) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

On the line below, print or type name of Ancestor(s) exactly as you wish it to appear on your Certificate

\_\_\_\_\_

Are you willing to share your genealogical information? Yes      No  
 If yes, can this information be released to researchers through genealogy repositories Yes      No  
 such as libraries or historical associations, or in any publication of the SBCGS?

It is understood that the South Bay Cities Genealogical Society will adhere to generally accepted privacy guidelines concerning information about living individuals.

**Certification:** I, \_\_\_\_\_, do hereby swear/attest that the statements set forth on this application are true to the best of my knowledge and belief.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Send your application, copies of all your proofs, and the one-time, non-refundable fee of \$25.00 (check payable to South Bay Cities Genealogical Society) to:**  
**Registrar, First Families of the South Bay, 4733 Torrance Boulevard, #814, Torrance, CA 90503**

**FOR OFFICE USE ONLY:**

Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_ by \_\_\_\_\_

Member Number \_\_\_\_\_ Certificate Mailed/Presented \_\_\_\_\_

## First Families of the South Bay - Lineage

**1.** I, \_\_\_\_\_  
First Middle and/or Maiden Name Surname  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

was born on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

married on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

to \_\_\_\_\_  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

born on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

**2.** I am the child of \_\_\_\_\_  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

born on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

And spouse \_\_\_\_\_  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

born on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

married on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

**3.** The said \_\_\_\_\_ is the  son  daughter  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

of \_\_\_\_\_  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

born on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

And spouse \_\_\_\_\_  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

born on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

died on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

married on \_\_\_\_\_ at \_\_\_\_\_  
City, County, State  
 \_\_\_\_\_  
 Doc. # \_\_\_\_\_

4.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____	Doc. #
	of _____	_____	Doc. #
	born on _____ at _____	_____	Doc. #
		City, County, State	
	died on _____ at _____	_____	Doc. #
		City, County, State	
	And spouse _____	_____	Doc. #
	born on _____ at _____	_____	Doc. #
		City, County, State	
	died on _____ at _____	_____	Doc. #
		City, County, State	
	married on _____ at _____	_____	Doc. #
		City, County, State	
5.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____	Doc. #
	of _____	_____	Doc. #
	born on _____ at _____	_____	Doc. #
		City, County, State	
	died on _____ at _____	_____	Doc. #
		City, County, State	
	And spouse _____	_____	Doc. #
	born on _____ at _____	_____	Doc. #
		City, County, State	
	died on _____ at _____	_____	Doc. #
		City, County, State	
	married on _____ at _____	_____	Doc. #
		City, County, State	
6.	The said _____ is the <input type="checkbox"/> son <input type="checkbox"/> daughter	_____	Doc. #
	of _____	_____	Doc. #
	born on _____ at _____	_____	Doc. #
		City, County, State	
	died on _____ at _____	_____	Doc. #
		City, County, State	
	And spouse _____	_____	Doc. #
	born on _____ at _____	_____	Doc. #
		City, County, State	
	died on _____ at _____	_____	Doc. #
		City, County, State	
	married on _____ at _____	_____	Doc. #
		City, County, State	

**(If additional generations are needed, please copy this page and continue on additional pages.)**

