

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF HEALTH
REC'D NOV 26 1969
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH NO.

impresso
142-69-188468

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| STATE OF TEXAS | | CERTIFICATE OF BIRTH | | BIRTH NO. 142-69-188468 | |
| 1. PLACE OF BIRTH | | 2. USUAL RESIDENCE OF MOTHER [Where does mother live?] | | | |
| a. COUNTY: HARRIS | | a. STATE: Texas | | b. COUNTY: Harris | |
| b. CITY OR TOWN [If outside city limits, give precinct no.] HOUSTON | | c. CITY OR TOWN [If outside city limits, give precinct no.] Houston | | | |
| c. NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION ST. LUKE'S EPISCOPAL HOSPITAL | | d. STREET ADDRESS [If rural, give location] 5006 Heather | | | |
| d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME [Type or Print] | | 4. DATE OF BIRTH | | | |
| [a] First [b] Middle [c] Last | | November 14, 1969 | | | |
| 6. SEX: Female | | 6a. THIS BIRTH: SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> | | 6b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | |
| 7. NAME [a] First [b] Middle [c] Last | | 8. COLOR OR RACE: White | | | |
| 9. AGE [At time of this birth] 48 YEARS | | 10. BIRTHPLACE [State or foreign country] Texas | | 11a. USUAL OCCUPATION: Accountant | |
| 12. MAIDEN NAME [a] First [b] Middle [c] Last | | 11b. KIND OF BUSINESS OR INDUSTRY: C.P.A. Firm | | | |
| 14. AGE [At time of this birth] 36 YEARS | | 15. BIRTHPLACE [State or foreign country] California | | 13. COLOR OR RACE: White | |
| 17. INFORMANT: <i>Jay</i> | | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER [Do NOT include this child] | | | |
| | | a. How many OTHER children are now living? 2 | | b. How many OTHER children were born alive but are now dead? 0 | |
| | | | | c. How many children were born dead [fetal deaths after 20 weeks pregnancy]? 0 | |
| 18. I hereby certify that this child was born alive on the date noted above | | 19a. ATTENDANT'S SIGNATURE: <i>Dr. Wachsman</i> | | 19b. ATTENDANT AT BIRTH: M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/> | |
| at 7:41 P. m. | | 19c. ATTENDANT'S ADDRESS: 6436 Fannin | | 19d. DATE SIGNED: November 15, 1969 | |
| 20a. REGISTRAR'S FILE NO. 26818 | | 20b. DATE REC'D BY LOCAL REGISTRAR: NOV. 18, 1969 | | 20c. REGISTRAR'S SIGNATURE: <i>St. St. Cohen</i> | |

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

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ISSUED DEC 27 2012

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE