

STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH
REC'D SEP 13 1954
BUREAU OF VITAL STATISTICS

212-142-2127
TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

STATE OF TEXAS

BIRTH NO. 142-54-143181

1. PLACE OF BIRTH a. COUNTY Smith		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Texas b. COUNTY Smith	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Tyler		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN Tyler	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) Medical Center Hospital		d. STREET ADDRESS (If rural, give location) 2313 Caldwell	
3. CHILD'S NAME (Type or print)		a. (First) Daniel	b. (Middle) Ray
		c. (Last) Brown	
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. LEGITIMATE? Yes
		7. DATE OF BIRTH August 5, 1954	
FATHER OF CHILD			
8. FULL NAME a. (First) Glenn		b. (Middle) Ray	
		c. (Last) Brown	
9. COLOR OR RACE White			
10. AGE (At time of this birth) 20 YEARS	11. BIRTHPLACE (State or foreign country) Texas	12a. USUAL OCCUPATION Truck Driver	12b. KIND OF BUSINESS OR INDUSTRY Dirt Company
MOTHER OF CHILD			
13. FULL MAIDEN NAME a. (First) Mary		b. (Middle) Aileen	
		c. (Last) Burk	
14. COLOR OR RACE White			
15. AGE (At time of this birth) 18 YEARS	16. BIRTHPLACE (State or foreign country) Oklahoma	17a. USUAL OCCUPATION Housewife	17b. KIND OF BUSINESS OR INDUSTRY Home
18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		19a. INFORMANT <i>Mrs. Glenn Brown</i>	
a. How many OTHER children are now living? None	b. How many OTHER children were born alive but are now dead? None	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	19b. ADDRESS 2313 Caldwell Tyler, Texas
20. I hereby certify that I attended the birth of this child who was born alive on the date stated above at 11:30 P. M.			
21a. ATTENDANT'S SIGNATURE <i>Carole Anderson</i>		21b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
21c. ATTENDANT'S ADDRESS Fair Foundation Bldg. Tyler, Texas		21d. DATE SIGNED August 6, 1954	
22a. REGISTRAR'S FILE NO. 956	22b. DATE REC'D BY LOCAL REGISTRAR 8-19-1954	22c. REGISTRAR'S SIGNATURE <i>H. K. Lee, M.D. - J. Perkins, Deputy</i>	

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Rule 54a, Article 4477, Revised Civil Statutes of Texas.

ISSUED SEP 16 1987

W. D. Carroll
W. D. CARROLL
STATE REGISTRAR

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CERTIFICATION OF VITAL RECORD

American Bank Note Company

