

CERTIFICATION OF VITAL RECORD

CITY OF AUSTIN

STATE OF TEXAS		CERTIFICATE OF BIRTH			BIRTH NUMBER	
1. Name First [REDACTED]		Middle [REDACTED]		Last [REDACTED]		2. Date of Birth 01-04-2004
3. Sex FEMALE		4a. Place of Birth - County TRAVIS		4b. City or Town (If outside city limits, give precinct no.) AUSTIN		5. Time of Birth 12:01 AM
6a. Plurality - Single, Twin, Triplet, etc. SINGLE		6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.		7a. Place of Birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):		7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address) SETON MEDICAL CNTR.
8a. Attendant's Name and Mailing Address [REDACTED] AUSTIN, TX. 78665		8b. Certifier - I certify that this child was born alive at the place and time and on the date as stated. <i>Dr. Crownd</i> Signature and Title		Date Signed 4/1/04		9a. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):
9b. <input checked="" type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):		10. Name First [REDACTED]		Middle [REDACTED]		Maiden Surname [REDACTED]
11. Date of Birth 12-4-72		12. Birthplace (State or Foreign Country) OHIO		13a. Residence - State TEXAS		13b. County TRAVIS
13c. City or Town AUSTIN		13d. Street Address or Rural Location 20 LOVE LN.		13e. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mother's Mailing Address (If Same As Residence, Enter Zip Code Only) 78754
15. Name First [REDACTED]		Middle [REDACTED]		Last [REDACTED]		16. Date of Birth 08-04-1965
17. Birthplace (State or Foreign Country) CALIFORNIA		18a. Registrar's File Number		18b. Date Received by Local Registrar		18c. Signature of Local Registrar <i>Raguel...</i>

S260697

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 Section 191.051, Health & Safety Code.



ISSUED

APR 16 2004

**VOID**  
Raguel...  
Local Registrar



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