

|                                 |                                                                                                 |                                                                                   |                                               |                                                                                                                                                                                                                                                   |                                                                   |                                                              |                                                            |
|---------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------|
| CHILD                           | 1. NAME (Type or print)                                                                         |                                                                                   |                                               | 2. DATE OF BIRTH                                                                                                                                                                                                                                  |                                                                   |                                                              | 3. SEX                                                     |
|                                 | (a) First (b) Middle (c) Last<br>KRISTEN ANN KIMBLE                                             |                                                                                   |                                               | JULY 24, 1989                                                                                                                                                                                                                                     |                                                                   |                                                              | FEMALE                                                     |
|                                 | 4a. PLACE OF BIRTH—COUNTY<br>YOUNG                                                              | 4b. CITY OR TOWN (If outside city limits, give precinct no.)<br>OLNEY             |                                               | 4c. PLACE OF BIRTH: <input checked="" type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Licensed Birthing Center<br><input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) |                                                                   |                                                              |                                                            |
| FATHER                          | 4d. NAME OF HOSPITAL (If not in hospital, give street address)<br>HAMILTON HOSPITAL             |                                                                                   |                                               | 4e. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                    | 5a. THIS BIRTH SINGLE, TWIN, TRIPLET, ETC.<br>(Specify)<br>SINGLE |                                                              | 5b. IF NOT SINGLE BIRTH—BORN 1st, 2nd, 3rd, etc. (Specify) |
|                                 | 6. NAME (a) First (b) Middle (c) Last<br>ALLEN JEFFREY KIMBLE                                   |                                                                                   |                                               | 7. DATE OF BIRTH<br>11-06-62                                                                                                                                                                                                                      |                                                                   | 8. BIRTHPLACE (State or foreign country)<br>TEXAS            |                                                            |
|                                 | 9. RACE (American Indian, Black, White, etc.)<br>WHITE                                          |                                                                                   |                                               | 10a. IS FATHER OF HISPANIC ORIGIN?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                         |                                                                   | 10b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, etc.)    |                                                            |
| MOTHER                          | 11. NAME (a) First (b) Middle (c) Last (maiden)<br>CHERYL LYNNE BAHLMAN                         |                                                                                   |                                               | 12. DATE OF BIRTH<br>08-04-60                                                                                                                                                                                                                     |                                                                   | 13. BIRTHPLACE (State or foreign country)<br>TEXAS           |                                                            |
|                                 | 14. RACE (American Indian, Black, White, etc.)<br>WHITE                                         |                                                                                   |                                               | 15a. IS MOTHER OF HISPANIC ORIGIN?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                         |                                                                   | 15b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, etc.)    |                                                            |
|                                 | 16a. RESIDENCE—STATE<br>TEXAS                                                                   |                                                                                   | 16b. COUNTY<br>STEPHENS                       | 16c. CITY OR TOWN (If outside city limits, show rural)<br>BRECKENRIDGE                                                                                                                                                                            |                                                                   | 16d. STREET ADDRESS<br>701 WEST HULLUM                       |                                                            |
|                                 | 16e. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 17. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only)<br>76024 |                                               |                                                                                                                                                                                                                                                   | 18. SIGNATURE OF INFORMANT<br>Cheryl Kimble                       |                                                              |                                                            |
|                                 | 19a. I hereby certify that this child was born alive on the date stated above<br>at 2:57 A.M.   |                                                                                   |                                               | 19b. ATTENDANT'S SIGNATURE AND DATE SIGNED<br>Mark L. Mankins 7/29/89                                                                                                                                                                             |                                                                   | 19c. ATTENDANT'S ADDRESS<br>1001 WEST MAIN, OLNEY, TX. 76374 |                                                            |
| 20a. REGISTRAR'S FILE NO.<br>53 |                                                                                                 |                                                                                   | 20b. DATE REC'D BY LOCAL REGISTRAR<br>8-12-89 |                                                                                                                                                                                                                                                   | 20c. SIGNATURE OF LOCAL REGISTRAR<br>James O'Brien                |                                                              |                                                            |

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$5,000 (Article 4477c, Revised Civil Statutes of Texas)

|                                                                                                                                |                                      |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| DO YOU WANT A SOCIAL SECURITY NUMBER FOR YOUR NEW BABY?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | SIGNATURE OF PARENT<br>Cheryl Kimble |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|

THE STATE OF TEXAS

County of Young }

I hereby certify that the above certificate is a true and accurate copy of the record of birth of  
Kristen Ann Kimble

CERTIFICATE NO. 15569 of the Record of Birth of Young County, Texas.

Witness my hand and seal of office this 7th day of September 19 89

Ann Riggins

By Vonna Rogers Deputy County Clerk Young County, Texas.