

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
COUNTY OF GREGG

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF BIRTH STATE OF TEXAS		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH	
COUNTY OF <u>Gregg</u>		8697	
CITY OR PRECINCT NO. <u>Longview</u>		<u>Gregg Memorial Hospital</u> GIVE STREET AND NUMBER OR NAME OF INSTITUTION	
2. FULL NAME OF CHILD <u>April Kay Lombardi</u>			
RESIDENCE OF THE MOTHER } STREET AND NO. <u>315 Jefferson</u>		CITY <u>Longview</u> COUNTY <u>Gregg</u> STATE <u>Texas</u>	
3. SEX <u>Female</u>	FOR PLURAL BIRTHS ONLY: 4. TWIN, TRIPLET, OTHER	5. NUMBER, IN ORDER OF BIRTH	6. LEGITIMATE? <u>Yes</u> 7. DATE OF BIRTH <u>Nov. 20, 1943</u> , 194
FATHER		MOTHER	
8. FULL NAME <u>Thomas James Lombardi</u>		14. FULL MAIDEN NAME <u>Murlene K. Conklin</u>	
SOCIAL SECURITY NUMBER <u>No</u>		SOCIAL SECURITY NUMBER <u>No</u>	
9. POSTOFFICE ADDRESS <u>315 Jefferson, Longview</u>		15. POSTOFFICE ADDRESS <u>315 Jefferson, Longview, Texas</u>	
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>34</u> (YEARS)	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>33</u> (YEARS)
12. BIRTHPLACE (STATE OR COUNTRY) <u>Sicily</u>		18. BIRTHPLACE (STATE OR COUNTRY) <u>Michigan</u>	
13A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Army</u>		19A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Housewife</u>	
13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED		19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED	
20. NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH <u>Three</u>		21. NUMBER OF CHILDREN BORN TO THIS MOTHER AND NOW LIVING <u>Three</u>	
SIGNATURE OF INFORMANT <u>Murlene Lombardi</u>		ADDRESS OF INFORMANT <u>315 Jefferson, Longview, TEXAS</u>	
22. MEDICAL ATTENDANCE			
I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD <u>BORN ALIVE</u> AT <u>9:15</u> A.M. ON THE ABOVE DATE.			
AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM WAS <u>1% Silver Nitrate</u>			
DATE <u>11-27-43</u>	194	SIGNATURE <u>E. L. Jones</u>	M. D. MIDWIFE <u>Longview</u> TEXAS
23. FILE NUMBER	FILE DATE <u>Nov. 29-43</u>	SIGNATURE OF LOCAL REGISTRAR <u>L. Ellsworth</u>	POSTOFFICE ADDRESS <u>Longview</u> TEXAS

323050

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under the authority of Section 191.051, Health and Safety Code.

DATE ISSUED:

05-10-2013

CONNIE WADE, COUNTY CLERK/LOCAL REGISTRAR
GREGG COUNTY, TEXAS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE