

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
 City of San Antonio
 Office of the City Clerk

STATE OF TEXAS		CERTIFICATE OF BIRTH		BIRTH NO.
1. PLACE OF BIRTH a. COUNTY Bexar		2. USUAL RESIDENCE OF MOTHER [Where does mother live?] a. STATE Texas b. COUNTY Bexar		
b. CITY OR TOWN [If outside city limits, give precinct no.] San Antonio		c. CITY OR TOWN [If outside city limits, give precinct no.] San Antonio		
c. NAME OF HOSPITAL OR INSTITUTION Baptist Memorial Hospital		d. STREET ADDRESS [If rural, give location] 210 Morelia Calle		
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"/>
CHILD	3. NAME [Type or Print] (a) First Patricia (b) Middle Ann (c) Last Mata		4. DATE OF BIRTH May 13, 1968	
	5. 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"/>
FATHER	7. NAME (a) First Jose (b) Middle Francisco (c) Last Mata		8. COLOR OR RACE white	
	9. AGE [At time of this birth] 24 YEARS	10. BIRTHPLACE [State or foreign country] Texas	11a. USUAL OCCUPATION Carpenter	11b. KIND OF BUSINESS OR INDUSTRY Construction
MOTHER	12. MAIDEN NAME (a) First Gloria (b) Middle (c) Last Morales		13. COLOR OR RACE white	
	14. AGE [At time of this birth] 25 YEARS	15. BIRTHPLACE [State or foreign country] Texas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER [Do NOT include this child] 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 children were born dead [fetal deaths after 20 weeks pregnancy]? None	
17. INFORMANT G. Mata		18. I hereby certify that this child was born alive on the date stated above 11:02 A		
19a. ATTENDANT'S SIGNATURE <i>[Signature]</i>		19b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/>		
19c. ATTENDANT'S ADDRESS San Antonio		19d. DATE SIGNED 5-15-68		
20a. REGISTRAR'S FILE NO. 3796		20b. DATE REC'D BY LOCAL REGISTRAR MAY 16 1968		20c. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DATE ISSUED: 07/17/2015



2765487

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 Sec. 191.051, Health and Safety Code.

Issued:

[Signature]

Tina J. Flores
Local Registrar

