

SAN ANTONIO METROPOLITAN HEALTH DISTRICT Statistical Services Division

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NO.

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

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.] Universal City	
c. NAME OF HOSPITAL OR INSTITUTION [If not in hospital, give street address] Southwest Texas Methodist Hospital		d. STREET ADDRESS [If rural, give location] 206 Amistad Boulevard	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES ☒ NO ☐		e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐ f. IS RESIDENCE ON A FARM? YES ☐ NO ☒	
3. NAME [a] First [b] Middle [c] Last David Christopher Barranco		4. DATE OF BIRTH September 15, 1972	
5. SEX Male	6a. THIS BIRTH SINGLE ☒ TWIN ☐ TRIPLET ☐	6b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st ☐ 2nd ☐ 3rd ☐	
7. NAME [a] First [b] Middle [c] Last John Richard Barranco, Jr.	8. COLOR OR RACE White		
9. AGE [At time of this birth] 29 YEARS	10. BIRTHPLACE [State or foreign country] Illinois	11a. USUAL OCCUPATION Captain	11b. KIND OF BUSINESS OR INDUSTRY Air Force
12. MAIDEN NAME [a] First Kathleen	[b] Middle Theresa	[c] Last McCarthy	13. COLOR OR RACE White
14. AGE [At time of this birth] 23 YEARS	15. BIRTHPLACE [State or foreign country] Alabama	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER [Do NOT include this child] a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were born dead [fetal deaths after 20 weeks pregnancy]? 0	
17. INFORMANT Kathleen Barranco		18. I hereby certify that this child was born alive on the date stated above	
19a. ATTENDANT'S SIGNATURE <i>[Signature]</i>		19b. ATTENDANT AT BIRTH M.D. ☒ D.O. ☐ MIDWIFE ☐ OTHER ☐	
19c. ATTENDANT'S ADDRESS John F. Pfeiffer, M. D. San Antonio, Texas		19d. DATE SIGNED September 21, 1972	
20a. REGISTRAR'S FILE NO. 13204	20b. DATE REC'D BY LOCAL REGISTRAR SEP 26 1972	20c. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

FOR MEDICAL AND HEALTH USE ONLY [This Section MUST be filled out]

DATE ISSUED

OCTOBER 11, 1995

CERTIFIED COPY

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: *[Signature]*

[Signature]
WAYNE PARKER
 Registrar

WARNING:

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT
 ACCEPT UNLESS ON SECURITY PAPER WITH RAISED SEAL OF THE SAN ANTONIO METRO-
 POLITAN HEALTH DISTRICT. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

CERTIFICATION OF VITAL RECORD

