STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NO.

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF BIRTH

a. COUNTY: HARRIS

b. CITY OR TOWN [If outside city limits, give precinct no.]: HOUSTON

c. NAME OF HOSPITAL OR INSTITUTION [If not in hospital, give street address]: THE METHODIST HOSPITAL

d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE OF MOTHER [Where does mother live?]

a. STATE: TEXAS b. COUNTY: HARRIS

c. CITY OR TOWN [If outside city limits, give precinct no.]: HOUSTON

d. STREET ADDRESS [If rural, give location]: 10047 HADDINGTON

e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]

f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

CHILD

3. NAME [Type or Print] [a] First: JOY [b] Middle: TARA [c] Last: ADEN

4. DATE OF BIRTH: 12-1-71

5. SEX: FEMALE

6a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

6b. IF TWIN OR TRIPLET, WAS CHILD BORN: 1st [ ] 2nd [ ] 3rd [ ]

FATHER

7. NAME [a] First: GREGORY [b] Middle: ALLEN [c] Last: ADEN

8. COLOR OR RACE: WHITE

9. AGE [At time of this birth]: 29 YEARS

10. BIRTHPLACE [State or foreign country]: COLORADO

11a. USUAL OCCUPATION: CONSULTANT

11b. KIND OF BUSINESS OR INDUSTRY: C P A FIRM

MOTHER

12. MAIDEN NAME [a] First: SARAH [b] Middle: ELIZABETH [c] Last: JENNINGS

13. COLOR OR RACE: WHITE

14. AGE [At time of this birth]: 30 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? 2

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: Sarah J. Aden

18. I hereby certify that this child was born alive on the date stated above at 11:48 A m.

19a. ATTENDANT'S SIGNATURE: [signature]

19b. ATTENDANT AT BIRTH: M.D. [X] D.O. [ ] MIDWIFE [ ] OTHER [ ]

19c. ATTENDANT'S ADDRESS: 6613 A TRAVIS

19d. DATE SIGNED: 12-1-71

20a. REGISTRAR'S FILE NO.: 30765

20b. DATE REC'D BY LOCAL REGISTRAR: DEC. 6, 1971

20c. REGISTRAR'S SIGNATURE: R. W. Allen

4 4 0

STATE OF TEXAS
COUNTY OF HARRIS

CITY OF HOUSTON
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY THAT THE ABOVE IS AN EXACT COPY OF A CERTIFICATE AS FILED IN THE BUREAU OF VITAL STATISTICS, CITY OF HOUSTON HEALTH DEPARTMENT, HOUSTON, TEXAS, AND THAT I AM THE LEGAL CUSTODIAN OF SUCH RECORDS.

(WARNING! NOT VALID UNLESS MACHINE SIGNED IN RED AND BLACK INK, AND THE RAISED SEAL OF THIS OFFICE AFFIXED HERETO)

R. W. HANKS, REGISTRAR
BUREAU OF VITAL STATISTICS

DATE ISSUED DEC. 12, 1986