TEXAS DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF TEXAS

BIRTH NO.

1. PLACE OF BIRTH
a. COUNTY: Bandera
b. CITY OR TOWN (If outside city limits, give precinct no.): Pipe Creek - Rural
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Enroute to Robert B. Green Memorial Hospital
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES ☐ NO ☒

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Texas
b. COUNTY: Bandera
c. CITY OR TOWN (If outside city limits, give precinct no.): Pipe Creek - Rural 78063
d. STREET ADDRESS (If rural, give location): Route 2, Box 14A
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

CHILD

3. NAME (Type or Print) (a) First: Jennifer (b) Middle: Anne (c) Last: Schoolcraft
4. DATE OF BIRTH: July 31, 1976
5. SEX: Female
6a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐
6b. IF TWIN OR TRIPLET, WAS CHILD BORN: 1st ☐ 2nd ☐ 3rd ☐
7. LEGITIMATE?

FATHER

8. NAME (a) First: Thomas (b) Middle: A. (c) Last: Schoolcraft
9. COLOR OR RACE: White
10. AGE (At time of this birth): 32 YEARS
11. BIRTHPLACE (State or foreign country): Texas
12a. USUAL OCCUPATION: Home Builder
12b. KIND OF BUSINESS OR INDUSTRY: Self Employed

MOTHER

13. MAIDEN NAME (a) First: Marsha (b) Middle: (c) Last: Papworth
14. COLOR OR RACE: White
15. AGE (At time of this birth): 30 YEARS
16. BIRTHPLACE (State or foreign country): California
17. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
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

18. INFORMANT: Thomas A. Schoolcraft

I cereby certify that this child was born alive on the date stated above. at 4:30 A.m.

19a. ATTENDANT'S SIGNATURE: Thomas A. Schoolcraft
19b. ATTENDANT AT BIRTH: M.D. ☐ D.O. ☐ MIDWIFE ☐ OTHER ☒
19c. ATTENDANT'S ADDRESS: Thomas A. Schoolcraft Route 2, Box 14A, Pipe Creek, Tx.
19d. DATE SIGNED: August 1, 1976

20a. REGISTRAR'S FILE NO.: 5
20b. DATE REC'D BY LOCAL REGISTRAR: August 26, 1976
20c. REGISTRAR'S SIGNATURE: E. S. Jennings, E. S. Jennings, J. P., Prect. #2

FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out)

21. LENGTH OF PREGNANCY: 40 COMPLETED WEEKS
22. WEIGHT AT BIRTH: 8 LB. 12 OZ.
23. WAS EYE PROPHYLAXIS USED? YES ☒ NO ☐
24. WAS SEROLOGIC TEST MADE? YES ☒ NO ☐
25. WAS PRENATAL CARE GIVEN? IF YES, CIRCLE MONTH OF PREGNANCY OF FIRST VISIT FOR PRENATAL CARE. NO ☐ YES ☒ (1) 2 3 4 5 6 7 8 9 10
26 CONGENITAL OR OTHER ABNORMALITY? IF YES, DESCRIBE NO ☒ YES ☐

*Strike out if not applicable

The State of Texas

County of Bexar

No. 700657

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District Court, Judge of the County Court, or Justice of the Peace You, or either of you, are hereby authorized to celebrate the rites of matrimony by joining in the

Holy Union of Matrimony

RYAN DANIEL LAMM and JENNIFER ANNE SCHOOLCRAFT

in accordance with the Laws of this State and that you make due return of this, your authority, to my office, within thirty days after the celebration aforesaid, certifying how you have executed the same.

Given under my hand and the seal of the County Court of Bexar County, Texas, this 16TH day of MAY, 20 01

GERRY RICKHOFF COUNTY CLERK, BEXAR COUNTY, TEXAS

By Marie E Poole, Deputy

MARIE E. POOLE

The foregoing License executed by joining the within named parties in the

Holy Union of Matrimony

this the 2nd day of June, 20 01

Two witnesses sign here

Jacob Kluger

Kara Ann Lamm

Official performing ceremony

TITLE: Pastor COUNTY: Bexar

Returned the 7 day of June, 20 01

By Sally Kluger DEPUTY

Recorded this the 7th day of June, 20 01

GERRY RICKHOFF COUNTY CLERK, BEXAR COUNTY, TEXAS

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STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NO.

Texas Department of Health - BUREAU OF VITAL STATISTICS

1. PLACE OF BIRTH
a. COUNTY: Bexar
b. CITY OR TOWN [If outside city limits, give precinct no.]: San Antonio
c. NAME OF HOSPITAL OR INSTITUTION [If not in hospital, give street address]: Southwest Texas 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: Bexar
c. CITY OR TOWN [If outside city limits, give precinct no.]: Leon Valley
ZIP CODE: 78240
d. STREET ADDRESS [If rural, give location]: 7223 Horse Whip Lane
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: Ryan [b] Middle: Daniel [c] Last: Lamm
4. DATE OF BIRTH: December 28, 1977
5. SEX: Male
6a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
6b. IF TWIN OR TRIPLET, WAS CHILD BORN: 1st [ ] 2nd [ ] 3rd [ ]

FATHER

7. NAME: [a] First: Daniel [b] Middle: Allen [c] Last: Lamm
8. COLOR OR RACE: White
9. AGE [At time of this birth]: 28 YEARS
10. BIRTHPLACE [State or foreign country]: Texas
11a. USUAL OCCUPATION: Engineering Manager
11b. KIND OF BUSINESS OR INDUSTRY: Nuclear Power Plant

MOTHER

12. MAIDEN NAME: [a] First: Barbara [b] Middle: Ann [c] Last: Crothers
13. COLOR OR RACE: White
14. AGE [At time of this birth]: 27 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? 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: Barbara Lamm

18. I hereby certify that this child was born alive on the date stated above at 3:21 P m.

19a. ATTENDANT'S SIGNATURE: R. L. P. Edwards, M.D.
19b. ATTENDANT AT BIRTH: M.D. [X] D.O. [ ] MIDWIFE [ ] OTHER [ ]
19c. ATTENDANT'S ADDRESS: San Antonio Texas
19d. DATE SIGNED: December 31, 1977

20a. REGISTRAR'S FILE NO.: 17887
20b. DATE REC'D BY LOCAL REGISTRAR: JAN 10 1978
20c. REGISTRAR'S SIGNATURE: R. M. Winningham

Jan. 16, 1978

STATE OF TEXAS
CITY OF SAN ANTONIO:

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE RECORD AS FILED IN THE STATISTICAL SERVICES DIVISION OF THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT, SAN ANTONIO, TEXAS.

M. Rodriguez
DEPUTY

R. M. Winningham
REGISTRAR OF VITAL STATISTICS