

COMMONWEALTH OF KENTUCKY
 State Department of Health, Frankfort, Ky. DIVISION OF VITAL STATISTICS

No. 21765

CERTIFIED PHOTOSTATIC COPY OF
 RECORD of BIRTH

FORM V.S. NO. 2-A REV. 11-56 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH		FILE NO. <u>116</u>	<u>65</u> <u>8886</u>
Registration District No. <u>5007</u>		Primary Registration District No. <u>2165</u>		REGISTRAR'S NO. <u>610</u>	
1. PLACE OF BIRTH a. COUNTY <u>FAYETTE</u> b. CITY OR TOWN <u>LEXINGTON</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>CENTRAL BAPTIST HOSPITAL</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>KENTUCKY</u> b. COUNTY <u>BOURBON</u> c. CITY OR TOWN <u>PARIS</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> d. STREET ADDRESS <u>1919 BRENT STREET</u> IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. CHILD'S NAME (Type or Print) a. (First) <u>RANDALL</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>MYERS</u>		4. SEX a. THIS BIRTH: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> b. IF TWIN OR TRIPLET (This child born): 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>			
5. DATE OF BIRTH MONTH <u>3</u> DAY <u>2</u> YEAR <u>65</u>		6. DATE OF BIRTH MONTH <u>3</u> DAY <u>2</u> YEAR <u>65</u>			
7. FULL NAME a. (First) <u>JAMES</u> b. (Middle) <u>DONALD</u> c. (Last) <u>MYERS</u>		8. COLOR OR RACE <u>WHITE</u>			
9. AGE (At time of this birth) <u>25</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		11. USUAL OCCUPATION <u>MECHANIC</u>	
12. FULL MAIDEN NAME a. (First) <u>JO</u> b. (Middle) <u>DAVIDSON</u> c. (Last) <u>MYERS</u>		13. COLOR OR RACE <u>WHITE</u>		14. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
15. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		17. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT <u>Joetta Myers</u>		18a. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)		18b. SIGNATURE <u>James D. Bush</u>	
18. ADDRESS <u>LEXINGTON, KENTUCKY</u>		18d. DATE SIGNED <u>3-7-65</u>			
19. DATE REC'D BY LOCAL REG. <u>3/12/65</u>		20. REGISTRAR'S SIGNATURE <u>Lewis C. Bush</u>		21. DATE ON WHICH GIVEN NAME ADDED BY	

I, Lewis C. Bush, State Registrar, hereby certify that the above is a true and correct photostatic copy of the certificate of birth of the person therein named, and that the original certificate is registered under the above file number.

In testimony whereof I have hereunto subscribed my name and caused the official seal of the State Department of Health to be affixed at Frankfort, Kentucky, this 5 day of Sept, 1965

Lewis C. Bush
 Lewis C. Bush, State Registrar