STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NO.

Texas Department of Health — BUREAU OF VITAL STATISTICS

CHILD

1. NAME (Type or print) [a] First	[b] Middle	[c] Last	2. DATE OF BIRTH
ELOISE	PRENTISS	MARTIN	10 JANUARY 1985

3. SEX	4a. PLACE OF BIRTH — COUNTY	4b. CITY OR TOWN [If outside city limits, give precinct no.]
FEMALE	BEXAR	LACKLAND AFB

4c. NAME OF HOSPITAL [If not in hospital, give street address]	4d. INSIDE CITY LIMITS?	5a. THIS BIRTH-SINGLE, TWIN, TRIPLET, ETC. [Specify]	5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st, 2nd, 3rd [Specify]
WILFORD HALL USAF MEDICAL CENTER	NO	SINGLE	

FATHER

6. NAME [a] First	[b] Middle	[c] Last
BRIAN	RAY	MARTIN

7. RACE	8a. IS FATHER OF SPANISH ORIGIN?	8b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.
CAUCASIAN	NO	

9. AGE [At time of this birth]	10. BIRTHPLACE [State or foreign country]	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
35	OKLAHOMA	CAPTAIN	U.S. MARINES

MOTHER

12. MAIDEN NAME [a] First	[b] Middle	[c] Last
PATRICIA	PRENTISS	BLAHA

13. RACE	14a. IS MOTHER OF SPANISH ORIGIN?	14b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.
CAUCASIAN	NO	

15. AGE [At time of this birth]	16. BIRTHPLACE [State or foreign country]	17a. USUAL OCCUPATION	17b. KIND OF BUSINESS OR INDUSTRY
32	NORTH CAROLINA	HOUSEWIFE	HOME

18a. RESIDENCE — STATE	18b. COUNTY	18c. CITY OR TOWN [If outside city limits, show rural]	ZIP CODE	18d. STREET ADDRESS [If rural, give location]	18e. INSIDE CIT LIMITS?
TEXAS	BEXAR	SAN ANTONIO RURAL	78250	6019 CLIFFBRIER	NO

19. Children previously born to this mother [Do NOT include this birth]	a. How many other children are now living?	b. How many other children were born alive but are now dead?	c. How many children were born dead after 20 weeks pregnancy?	20. INFORMANT
	1	0	0	Patricia B. Martin

21. I hereby certify that this child was born alive on the date stated above	22a. ATTENDANT'S SIGNATURE	22b. ATTENDANT AT BIRTH M.D., D.O., C.N.M., MIDWIFE, OTHER [Specify]
at 1454 M.		M.D.
	22c. ATTENDANT'S ADDRESS RICHARD M. KYBARCZYK, CPT, USAF, MC WILFORD HALL USAF MEDICAL CENTER	22d. DATE SIGNED 10 JANUARY 1985

23a. REGISTRAR'S FILE NO.	23b. DATE REC'D BY LOCAL REGISTRAR	23c. SIGNATURE OF LOCAL REGISTRAR
156	JAN 21 1985	Wayne Parks

STATE OF TEXAS
CITY OF SAN ANTONIO:

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED IN THE STATISTICAL SERVICES DIVISION OF THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT, SAN ANTONIO, TEXAS. ISSUED UNDER AUTHORITY OF RULE 54a, ARTICLE 4477, REVISED CIVIL STATUTES OF TEXAS.

ISSUED: Feb, 1, 1985

W Parks
DEPUTY CLERK

Wayne Parks
REGISTRAR

WARNING: It is Illegal to Duplicate this Copy