

# CERTIFICATE OF LIVE BIRTH

ALASKA DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL STATISTICS  
JUNEAU, ALASKA

INDEXED

RECORDER'S NO.  
**V-68-152**

PARENT OR OTHER PERSON GIVING THIS FORMATION:

ANY CORRECTIONS TO ITEMS 1-16 AFTER CERTIFICATE ISSUED WILL BE SUBJECT TO A FEE

READ CAREFULLY BEFORE SIGNING HERE

PHYSICIAN OTHER FILING CERTIFICATE

RECORDER'S MAGISTRATE

1. PLACE OF BIRTH a. STATE <b>ALASKA</b> b. RECORDING DISTRICT <b>Fairbanks</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Alaska</b> b. R.D. OR COUNTY <b>Fairbanks</b>	
c. CITY, TOWN, OR LOCATION <b>Ft. Wainwright</b> <small>Is birthplace inside city limits?</small> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY, TOWN, OR LOCATION <b>Ft. Wainwright</b> <small>Is residence inside city limits?</small> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. NAME OF HOSPITAL OR INSTITUTION <b>Bassett Army Hospital</b> <small>(If not in hospital, give street address)</small>		d. STREET ADDRESS <b>4151-7 6th Street</b> <small>(If rural, give location)</small>	
3. NAME <span style="margin-left: 100px;">First</span> <span style="margin-left: 100px;">Middle</span> <span style="margin-left: 100px;">Last</span>			
(Type of print) <b>ERICA</b> <b>LYNN</b> <b>RICHE</b>			
4. SEX <b>FEMALE</b>	5 a. THIS BIRTH: <b>SINGLE</b> <input checked="" type="checkbox"/> IF <input type="checkbox"/> TWIN <input type="checkbox"/> <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5 b. THIS CHILD BORN: <b>1ST</b> <input type="checkbox"/> <b>2ND</b> <input type="checkbox"/> <b>3RD</b> <input type="checkbox"/>	6. DATE OF BIRTH <b>JANUARY 22 1968</b> <small>Month Day Year</small>
7. NAME <span style="margin-left: 100px;">First</span> <span style="margin-left: 100px;">Middle</span> <span style="margin-left: 100px;">Last</span> <b>ROBERT</b> <b>EDWARD</b> <b>RICHE</b>			8. AGE <b>27</b> YEARS <small>(At time of this birth)</small>
9. BIRTHPLACE (State or foreign country) <b>Missouri</b>		10 a. USUAL OCCUPATION <b>SSG</b> 10 b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Army</b>	
11. MAIDEN NAME <span style="margin-left: 100px;">First</span> <span style="margin-left: 100px;">Middle</span> <span style="margin-left: 100px;">Last</span> <small>(Name at birth)</small> <b>PATRICIA</b> <b>LYNN</b> <b>SHEPPARD</b>			12. AGE <b>22</b> YEARS <small>(At time of this birth)</small>
13. BIRTHPLACE (State or foreign country) <b>Missouri</b>		14. CHILDREN PREVIOUSLY BORN TO THIS MOTHER <small>(Do NOT include this child, but include previously born twin or triplet(s) if this multiple birth.)</small> a. How many OTHER children are now living? <b>0</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead)? <b>0</b>	
15. PARENT'S SIGNATURE <b>Dale B. Purcell Jr.</b> I CERTIFY ITEMS 1-14 ARE CORRECT.			
I hereby certify that this child was born alive on the date stated above.		16 a. SIGNATURE <b>DALE B. PURCELL JR., M.D.</b> TITLE: M.D. <input checked="" type="checkbox"/> NURSE <input type="checkbox"/> MIDWIFE <input type="checkbox"/> REGISTRAR <input checked="" type="checkbox"/>	
16 b. ADDRESS <b>BASSETT ARMY HOSPITAL</b>		16 c. DATE SIGNED <b>22 Jan 68</b>	
16 d. ATTENDANT: (Who attended birth?) <input type="checkbox"/> SAME PERSON SIGNING IF NOT SAME PERSON: NAME <b>BURRITT W. NEWTON</b> TITLE <b>CAPTAIN, MC</b>			
17 a. RECORDER'S SIGNATURE <b>Magistrate</b> <b>Corra Joyce Heubel</b>		17 b. ADDRESS <b>Fairbanks, Alaska</b>	
		18. DATE RECORDED <b>January 31, 1968</b>	

STATE OF ALASKA  
FOURTH JUDICIAL DISTRICT

I, the undersigned, certify that this is a true and full copy of a document on file with the Trial Court, Fourth Judicial District, Fairbanks, Alaska. DATE: 1/31/68

Arlene B. Boylston  
Deputy Clerk

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT,  
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.315, RSMo Supp. 1984)

STATE OF MISSOURI }  
CITY OF JEFFERSON }<sup>53</sup> I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

*Garland H. Land*

Garland H. Land  
State Registrar of Vital Statistics

JUN 16 1987

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		STANDARD CERTIFICATE OF LIVE BIRTH		State File No. <u>21317</u>
		STATE OF MISSOURI		Registrar's No. <u>4692</u>
Registration District No. <u>1038</u>		Primary Registration District No. <u>1003</u>		
<b>1. PLACE OF BIRTH:</b>		<b>2. USUAL RESIDENCE OF MOTHER:</b>		
(a) County <u>St. Louis Mo.</u>	(a) State <u>Mo.</u>			
(b) City or town <u>St. Louis Mo.</u> <small>(If outside city or town limits write name of township)</small>	(b) County <u>St. Louis</u>			
(c) Name of hospital or institution: <u>St. John's Hospital</u> <small>(If not in hospital or institution give street number or location)</small>	(c) City or town <u>St. Louis</u> <small>(If outside city or town limits write name of township)</small>			
(d) Mother's stay before delivery: In hospital or institution <u>12 day</u> In this community <u>          </u> <small>(Specify whether years, months, or days)</small>	(d) Street No. <u>5092 Union Blvd.</u> <small>(If rural give location)</small>			
<b>3. Full name of child</b> <u>Robert Edward Richie</u>		<b>4. Date of birth</b> <u>4-30-39</u> <small>(Month) (Day) (Year)</small>		
5. Sex: <u>male</u>	6. Twin or triplet <u>          </u>	7. Number months of pregnancy <u>9 1</u>	8. Is mother married? <u>yes</u>	
<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>		
9. Full name <u>Robt. Edward Richie</u>	10. Color or race <u>white</u>	11. Age at time of this birth <u>20</u> yrs.	12. Birthplace <u>St. Louis Mo.</u> <small>(City, town, or county) (State or foreign country)</small>	13. Usual occupation <u>Clerk</u>
14. Industry or business <u>Federal Reserve Bank</u>	15. Full maiden name <u>Edith Macey</u>	16. Color or race <u>white</u>	17. Age at time of this birth <u>18</u> yrs.	18. Birthplace <u>Jessyville Ill.</u> <small>(City, town, or county) (State or foreign country)</small>
19. Usual occupation <u>          </u>	20. Industry or business <u>Own home</u>	21. Children born to this mother:	22. Mother's mailing address for registration notice: <u>Mrs. R. E. Richie</u> <u>5092 Union Blvd.</u> <u>St. Louis Mo.</u>	
(a) How many <u>other</u> children of this mother are now living? <u>0</u>	(b) How many <u>other</u> children were born alive but are now dead? <u>0</u>	(c) How many children were born dead? <u>0</u>		
23. I hereby certify that I attended the birth of this child who was born alive at the hour of <u>10:47</u> a.m. on the date above stated and that the information given was furnished by <u>Edith Macey</u> related to this child as <u>mother</u>				
24. Date received by local registrar <u>MAY 15 1939</u>	Attendant's own signature <u>B. H. Lumsden, M.D.</u>			
25. Registrar's own signature <u>J. F. Budick</u>	M. D., <u>          </u> Date signed <u>4-30-39</u>			
26. Date on which given name added <u>          </u> by <u>          </u> Registrar	Address <u>Union Club Bldg</u>			