CITY OF SAN ANTONIO

SAN ANTONIO METROPOLITAN HEALTH DISTRICT
Statistical Services Division

VOID

CERTIFICATE OF BIRTH

	FIRST	MIDDLE	LAST
CHILD'S NAME	AMY	KATHERINE	OLIVER

DATE OF BIRTH: 2/11/1991 TIME OF BIRTH: 11:59 AM SEX: FEMALE

BIRTHPLACE
CITY OR TOWN: LACKLAND AFB COUNTY: BEXAR STATE: TEXAS

	FIRST	MIDDLE	LAST
FATHER'S NAME	KENNETH	TRAVIS	OLIVER
MOTHER'S MAIDEN NAME	TAMMY	LOU	CHANEY

RESIDENCE	STREET ADDRESS	CITY OR TOWN	STATE
	221 CORKHILL CT	LACKLAND AFB	TEXAS

REGISTRAR'S FILE NO.: 1991-03200 DATE RECEIVED: 3/7/1991

DATE ISSUED: 08/24/95

VOID

CERTIFIED COPY

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: B Haggerty
Custodian of Records

Wayne Parker
~~WAYNE PARKER~~
~~Registrar~~

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SAN ANTONIO METROPOLITAN HEALTH DISTRICT

CERTIFICATION OF VITAL RECORD