

CITY OF AUSTIN

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER

1. Name First DEE		Middle		Last HEAD		2. Date of Birth 01-04-2004	3. Sex FEMALE
4a. Place of Birth - County TRAVIS		4b. City or Town (If outside city limits, give precinct no.) AUSTIN		5. Time of Birth 12:01 AM		6a. Plurality - Single, Twin, Triplet, etc. SINGLE	6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.
7a. Place of Birth <input type="checkbox"/> Residence <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital		7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address) SETON MEDICAL CNTR.					
8a. Attendant's Name and Mailing Address DR. CRAIN 3000 MOPAC EXPMY AUSTIN, TX. 78665		8b. Certifier - I certify that this child was born alive at the place and time and on the date as stated. <i>Dr. Crain md</i> Signature and Title 4/1/04 Date Signed					
8c. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):		9a. <input checked="" type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):					
10. Name First AMY		Middle		Maiden Surname VASQUEZ		11. Date of Birth 12-4-72	12. Birthplace (State or Foreign Country) OHIO
13a. Residence - State TEXAS		13b. County TRAVIS		13c. City or Town AUSTIN		13d. Street Address or Rural Location 20 LOVE LN.	
13e. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mother's Mailing Address (If Same As Residence, Enter Zip Code Only) 78754					
15. Name First JAY		Middle		Last HERNANDEZ		16. Date of Birth 08-04-1965	17. Birthplace (State or Foreign Country) CALIFORNIA
18a. Registrar's File Number		18b. Date Received by Local Registrar		18c. Signature of Local Registrar			

S260697

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code

APR 16 2004

ISSUED

Rafael Hernandez
Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.