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STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS				CERTIFICATE OF LIVE BIRTH		BIRTH NO. 109,58-029691	
FLORIDA				REGISTRAR'S NO.			
1. PLACE OF BIRTH a. COUNTY <i>Okaloosa</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Florida</i> b. COUNTY <i>Okaloosa</i>		3. NAME (Type or print) First <i>Carol</i> Middle <i>Ann</i> Last <i>Webster</i>		6. DATE OF BIRTH Month <i>April</i> Day <i>1</i> Year <i>1955</i>	
b. CITY, TOWN, OR LOCATION <i>Valparaiso</i>		CODE NO. <i>58-27</i>	c. CITY, TOWN, OR LOCATION <i>Eglin Air Force Base</i>		7. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
c. NAME OF HOSPITAL <i>Valparaiso Bay</i>		d. STREET ADDRESS <i>613 Catawba Dr. Capehart</i>	d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4. SEX F		5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>		8. COLOR OR RACE <i>White</i>	
7. NAME First <i>Herbert</i> Middle <i>Neal</i> Last <i>Webster</i>		9. AGE (At time of this birth) <i>37</i> YEARS		10. BIRTHPLACE (State or foreign country) <i>Fla.</i>		11a. USUAL OCCUPATION <i>MSgt</i>	
12. MAIDEN NAME First <i>Barbara</i> Middle <i>Haskins</i> Last <i>Haskins</i>		13. COLOR OR RACE <i>White</i>		14. AGE (At time of this birth) <i>30</i> YEARS		15. BIRTHPLACE (State or foreign country) <i>Florida</i>	
17. INFORMANT <i>Mrs Barbara Webster</i>		16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? <i>4</i>		b. How many OTHER children born alive but are now dead? <i>0</i>		c. How many fetal deaths (includes miscarriages, stillbirths, etc.)? <i>0</i>	
18a. SIGNATURE <i>George Thaddeus Jr</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)		18c. ADDRESS <i>Valparaiso Fla</i>		18d. DATE SIGNED <i>4-11-58</i>	
19. DATE RECD. BY LOCAL REG. <i>April 14, 1958</i>		20. REGISTRAR'S SIGNATURE <i>Everett H. Williams, Jr</i>		21. DATE ON WHICH GIVEN NAME ADDED		BY (Registrar)	

CERTIFIED COPY

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS OF THE FLORIDA STATE BOARD OF HEALTH AT JACKSONVILLE FLORIDA

(NOT VALID UNLESS THE SEAL OF THE FLORIDA STATE BOARD OF HEALTH IS AFFIXED)

Wilson T. Sowder, MD  
STATE REGISTRAR

Everett H. Williams, Jr  
DIR. TOR BUREAU OF VITAL STATISTICS

APR 19 1962