



STATE OF COLORADO

State of Colorado **BIRTH NO.**
CERTIFICATE OF LIVE BIRTH REGISTRAR'S NO. 237 DIST. 238

| | | | |
|---|---|--|--|
| 1. PLACE OF BIRTH a. COUNTY <u>Weld</u> | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Colorado</u> b. COUNTY <u>Weld</u> | |
| b. CITY, TOWN, OR LOCATION <u>Greeley</u> | | c. CITY, TOWN, OR LOCATION <u>Greeley</u> | |
| c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Weld County General Hospital</u> | | d. STREET ADDRESS <u>2511 21st Avenue</u> | |
| 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"/> | | | |
| 3. NAME (Type or print) First <u>TERRENCE</u> Middle <u>LEE</u> Last <u>LAKIN</u> | | | |
| 4. SEX <u>Male</u> | 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"/> | |
| 6. DATE OF BIRTH <u>3-10-65</u> | | 7. NAME First <u>TERRENCE</u> Middle <u>LEE</u> Last <u>LAKIN</u> | |
| 8. COLOR OR RACE <u>White</u> | | 9. AGE (At time of this birth) <u>34</u> YEARS | |
| 10. BIRTHPLACE (State or foreign country) <u>New Mexico</u> | | 11a. USUAL OCCUPATION <u>Teacher</u> | |
| 11b. KIND OF BUSINESS OR INDUSTRY <u>Education</u> | | 12. MAIDEN NAME First <u>TERRENCE</u> Middle <u>LEE</u> Last <u>LAKIN</u> | |
| 13. COLOR OR RACE <u>White</u> | | 14. AGE (At time of this birth) <u>29</u> YEARS | |
| 15. BIRTHPLACE (State or foreign country) <u>Iowa</u> | | 16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? <u>2</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many fetal deaths (fetuses born dead at ANY time after conception)? <u>0</u> | |
| 17. MOTHER'S SIGNATURE <u>[Signature]</u> | | | |
| 18. MOTHER'S MAILING ADDRESS <u>Same as above</u> | | | |
| I hereby certify that this child was born alive on the date stated above. <u>10:46 A.M.</u> | | 18a. SIGNATURE <u>MARTIN J. BECHTEL</u> | |
| 18b. ADDRESS <u>Greeley, Colorado</u> | | 18c. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify) | |
| 19. DATE RECD. BY LOCAL REG. <u>23 March 1965</u> | | 18d. DATE SIGNED <u>3-21-65</u> | |
| 20. REGISTRAR'S SIGNATURE <u>J. H. WHITE, M. D.</u> | | 21. DATE ON WHICH GIVEN NAME ADDED BY _____ (Registrar) | |

SL448103

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED
APR 26 1994

[Signature]
JOSEPH D. CARNEY
STATE REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

VR 100S 7/93

