

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER **142-09-253912**

1. Child's Name First: JADYN Middle: ABIGAIL Last: HARDIE Suffix:		2. Date of Birth (mm/dd/yyyy) 08/20/2009		3. Sex FEMALE	
4a. Place of Birth - County GILLESPIE		4b. City or Town (If outside city limits, give precinct no.) FREDERICKSBURG		5. Time of Birth 02:22 PM	
6a. Plurality - Single, Twin, Triplet, etc. SINGLE		6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.			
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth <input type="checkbox"/> Other (Specify):			7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address) HILL COUNTRY MEMORIAL HOSPITAL		
8. Informant's Name and Mailing Address ERIC HARDIE 15205 HAAS AVENUE GARDENA, CALIFORNIA 90249			9. Certifier - I certify that this child was born alive on the date as stated above <i>Geraldine R. Harris</i> Signature of State Registrar		
10. Mother's Name Prior to First Marriage First: JEANNIE Middle: BURNS Last:			11. Date of Birth (mm/dd/yyyy) 09/19/1965		12. Birthplace (State, Territory or Foreign Country) WASHINGTON
13a. Residence - State CALIFORNIA		13b. County LOS ANGELES		13c. City, Town or Location GARDENA	
13d. Street Address or Rural Location 15205 HAAS AVENUE		13e. Zip Code 90249			
13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or:			
15. Father's Name First: ERIC Middle: MEREDITH Last: HARDIE Suffix:			16. Date of Birth (mm/dd/yyyy) 05/30/1966		17. Birthplace (State, Territory or Foreign Country) LOUISIANA
18a. Registrar's File Number		18b. File Date 8/24/2009		18c. Name of State Registrar GERALDINE R. HARRIS	

VS-161 Rev. 01/05 Texas Department of State Health Services - Vital Statistics



DCL

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

APR 08 2010

ISSUED

Geraldine R. Harris

GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

