

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
DEC 01 2021

STATE OF TEXAS				CERTIFICATE OF BIRTH		BIRTH NUMBER			
1. Child's Name First Middle Last Suffix		2. Date of Birth (mm/dd/yyyy)		3. Sex					
[REDACTED]		11/26/2021		MALE					
4a. Place of Birth - County		4b. City or Town (If outside city limits, give precinct no.)		5. Time of Birth		6a. Plurality - Single, Twin, Triplet, etc.			
BEXAR		SAN ANTONIO		01:38 PM		SINGLE			
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 (Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Other (Specify):				7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address)					
				NORTH CENTRAL BAPTIST HOSPITAL					
8a. Attendant's Name, NPI, and Mailing Address				9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated.					
STEPHANIE SCHAEFER				MEGHAN CONTRERAS					
520 MADISON OAK DRIVE SAN ANTONIO, TEXAS 78258				Signature and Title				12/01/2021 Date Signed	
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):				9b. <input type="checkbox"/> Attendant <input checked="" type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):					
10. Mother's Name Prior to First Marriage First Middle Last Suffix		11. Date of Birth (mm/dd/yyyy)		12. Birthplace (State, Territory or Foreign Country)					
[REDACTED]		[REDACTED]		[REDACTED]					
13a. Residence - State		13b. County		13c. City, Town or Location		13d. Street Address or Rural Location			
TEXAS		BEXAR		SAN ANTONIO		[REDACTED]			
15e. Zip Code		13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or (If Same As Residence, Enter Zip Code Only)					
[REDACTED]		[REDACTED]		[REDACTED]					
15. Father's Name Prior to First Marriage First Middle Last Suffix		16. Date of Birth (mm/dd/yyyy)		17. Birthplace (State, Territory or Foreign Country)					
[REDACTED]		[REDACTED]		[REDACTED]					
18. Signature of State Registrar									
[Signature]									

VS-111.2 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.

Q A 2 0 5 3 7 8 2 7



This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED

DEC 29 2021

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

[Signature]
TARA DAS
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



ESTADOS UNIDOS MEXICANOS REGISTRO CIVIL



EN NOMBRE DEL ESTADO LIBRE Y SOBERANO DE SINALOA Y COMO DIRECTOR DEL REGISTRO CIVIL DEL ESTADO DE SINALOA, CERTIFICO Y HAGO CONSTAR QUE EN LOS ARCHIVOS QUE ORBAN EN ESTA DIRECCION DEL REGISTRO CIVIL, SE ENCUENTRA ASENTADA UN ACTA DE NACIMIENTO EN LA CUAL SE CONSERVA ENTRE OTROS LOS SIGUIENTES DATOS:

ACTA DE NACIMIENTO

OFICIALIA	LIBRO	ACTA	LOCALIDAD	FECHA DE REGISTRO
			CULIACAN	22 / JUNIO / 1998
MUNICIPIO			ENTIDAD	
CULIACAN			SINALOA	

DATOS DEL REGISTRADO

CRIF: _____ CURP: _____

NOMBRE _____

FECHA DE NACIMIENTO: _____ SEXO: MASCULINO

LUGAR DE NACIMIENTO: CULIACAN

CULIACAN SINALOA MEXICO

REGISTRADO VIVO COMPARECIO: AMBOS

DATOS DE LOS PADRES

PADRE _____

NACIONALIDAD: MEXICANA EDAD: 24 AÑOS

MADRE _____

NACIONALIDAD: MEXICANA EDAD: 18 AÑOS

PERSONA DISTINTA DE LOS PADRES QUE PRESENTA AL REGISTRADO

NOMBRE: _____ PARENTESCO: _____

NACIONALIDAD: _____ EDAD: _____ AÑOS

SE EXPIDE LA PRESENTE CERTIFICACION EN ESTRICTO CUMPLIMIENTO AL ARTICULO 47 Y 48 DEL CODIGO CIVIL VIGENTE EN EL ESTADO EN CULIACAN, SINALOA A LOS 22 DIAS DEL MES DE JUNIO DE 1998. DOY FE

DIRECTOR DEL REGISTRO CIVIL DEL
ESTADO DE SINALOA



PROFR. _____
NOMBRE Y FIRMA

Folio Digital _____

Santa Monica Hospital, Inc.



SANTA MONICA, CALIFORNIA

HOSPITAL BIRTH CERTIFICATE

This Certifies that ***** SHIRLEY TEMPLE *****

was born in The Santa Monica Hospital of Santa Monica, Calif.

at 9:00 p.m. on the 23rd day of ***** APRIL ***** A. D. 1928



In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer and its Corporate Seal to be hereunto affixed.

L. J. Madson M.D.

Hospital
Number 2932

W. S. Mortensen
Superintendent

Certificate of Baptism



Church of

↪ This is to Certify ↪

That _____

Child of _____

and _____

born in _____

on the _____ day of _____

was **Baptized**

on the _____ day of _____

According to the Rite of the Roman Catholic Church

by the Rev. _____

the Sponsors being _____

as appears from the Baptismal Register of this Church.

Dated _____

Pastor