

CERTIFICATE OF LIVE BIRTH

u-1-b-1(b) 170

STATE BIRTH CERTIFICATE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST NAME JOHN		2A. MIDDLE NAME VICTOR		3C. LAST NAME STOEN	
	2. SEX MALE	3A. THIS BIRTH SINGLE, TWIN OR SINGLE	3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD? -----	4A. DATE OF BIRTH—MONTH, DAY, YEAR JANUARY 25, 1972		4B. HOUR 2:16PM
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL SANTA ROSA MEMORIAL HOSPITAL			5B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1165 MONTGOMERY DRIVE		5C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES
	5D. CITY OR TOWN SANTA ROSA			5E. COUNTY SONOMA		
MOTHER OF CHILD	6A. MAIDEN NAME OF MOTHER—FIRST NAME GRACE		6B. MIDDLE NAME LUCY		6C. LAST NAME (MAIDEN OR MARRIAGE) GRECH	
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 21 YEARS		9. COLOR OR RACE OF MOTHER CAUCASIAN		10A. RESIDENCE OF MOTHER—STREET ADDRESS 6300 EASTSIDE CALPELLA ROAD NO	
	10C. RESIDENCE OF MOTHER—CITY OR TOWN UKIAH			10B. RESIDENCE OF MOTHER—COUNTY MENDOCINO		10E. RESIDENCE OF MOTHER—STATE CALIFORNIA 95482
	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) SAN FRANCISCO, CALIF					
FATHER OF CHILD	11A. NAME OF FATHER—FIRST NAME TIMOTHY		11B. MIDDLE NAME OLIVER		11C. LAST NAME STOEN	
	13. AGE OF FATHER (AT TIME OF THIS BIRTH) 34 YEARS		14. COLOR OR RACE OF FATHER CAUCASIAN		15A. PRESENT OR LAST OCCUPATION ASS't DIST. ATTORNEY	
				15B. KIND OF INDUSTRY OR BUSINESS LEGAL		12. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MILWAUKEE, WISCONSIN
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		16A. PARENT OR OTHER INFORMANT SIGNATURE (IF OTHER THAN PARENT, SPECIFY) <i>Grace Lucy Stoen</i>		16B. DATE REVIEWED AND SIGNED BY INFORMANT 1-26-72	
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		17A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE <i>Dr. R. L. Ball MD</i>		17B. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT 1-26-72	
		17C. ADDRESS <i>Santa Rosa, Ca</i>		17E. PHYSICIAN'S CALIFORNIA LICENSE NUMBER A14087		
LOCAL REGISTRAR	18. REQUEST OMISSION FROM SOLICITATION LISTS		19. LOCAL REGISTRAR—SIGNATURE <i>Walter C. Brown MD</i>		20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR FEB 2 1972	

CERTIFICATION STATEMENT

This is to certify, that the foregoing is a true and correct copy of the vital record which is on file in this office and of which I am legal custodian.

SIGNATURE:

Walter C. Brown MD

OFFICIAL TITLE: Public Health Officer and Local Registrar

PLACE: Sonoma County Department of Public Health Services
Santa Rosa, California

DATE OF CERTIFICATION FEB 11 1972

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH