

BIRTH CERTIFICATE

96-1-b-1(a)

1. JOHN VICTOR STOEN
2. BORN JANUARY 25, 1972
3. MOTHER: GRACE LUCY (GRECH) STOEN
FATHER: TIMOTHY OLIVER STOEN
4. BORN IN SANTA ROSA, CALIFORNIA

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		1b. MIDDLE NAME VICTOR		1c. LAST NAME STOEN	
	2. SEX MALE	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET? 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 SURNAME) GRECH	
	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) SAN FRANCISCO, CALI		8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 21 YEARS		9. COLOR OR RACE OF MOTHER CAUCASIAN	
	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, FULL ADDRESS OR LOCATION) 6300 EASTSIDE CALPELLA ROAD NO			10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) NO		
10c. RESIDENCE OF MOTHER—CITY OR TOWN UKIAH			10d. RESIDENCE OF MOTHER—COUNTY MENDOCINO		10e. RESIDENCE OF MOTHER—STATE CALIFORNIA 95482	
FATHER OF CHILD	11a. NAME OF FATHER—FIRST NAME TIMOTHY		11b. MIDDLE NAME OLIVER		11c. LAST NAME STOEN	
	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MILWAUKEE, WISCONSIN		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				
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
	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>J.S. Kelly MD</i>		17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT 1-26-72
			17c. ADDRESS <i>Santa Rosa, Ca</i>		17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER A14087	
LOCAL REGISTRAR	18. REQUEST OMISSION FROM SOLICITATION LISTS.		19. LOCAL REGISTRAR—SIGNATURE <i>Walter C. Brown M.D. JWC</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 M.D.* **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

U-1-b-1(a)

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

OFFICE OF
STATE REGISTRAR
VITAL STATISTICS

is to certify that
is a true copy of
document filed in
office.

is validated on the co-
pied, this certified copy is
not without charge under
authority of Section 10479.8
of the Health and Safety Code
for limited use under
authority of Section 10479 of
the Health and Safety Code.

AM MAYER, M.D., DIRECTOR
DEPARTMENT OF HEALTH
REGISTRAR OF VITAL STATISTICS

Regis. Edmund

ER F. SMITH, ACTING CHIEF
VITAL STATISTICS SECTION

JANUARY 22, 1975

104-72-015416		CERTIFICATE OF LIVE BIRTH		4900-170	
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	1B. MIDDLE NAME VICTOR	1C. LAST NAME STOEN		
	2. SEX MALE	3A. THIS BIRTH SINGLE BIRTH OR TWIN SINGLE	3B. IF TWIN OR TRIPLET THIS CHILD BORN 1ST AND 2ND	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 (YES OR NO) YES
	5D. CITY OR TOWN SANTA ROSA		5E. COUNTY SONOMA		
MOTHER OF CHILD	6A. MADDEN NAME OF MOTHER—FIRST NAME GRACE	6B. MIDDLE NAME LUCY	6C. LAST NAME (MADDEN SURNAME) GRECH		7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) SAN FRANCISCO, CALIF.
	8A. AGE OF MOTHER (AS TIME OF THIS BIRTH) 21	8B. COLOR OR RACE OF MOTHER CAUCASIAN	9A. RESIDENCE OF MOTHER—STREET ADDRESS 6300 EASTSIDE CALPELLA ROAD NO.		9B. INSIDE CITY CORPORATE LIMITS (YES OR NO) NO
	9C. RESIDENCE OF MOTHER—CITY OR TOWN UKIAH		9D. RESIDENCE OF MOTHER—COUNTY MENDOCINO		9E. RESIDENCE OF MOTHER—STATE CALIFORNIA 95482
FATHER OF CHILD	10A. NAME OF FATHER—FIRST NAME TIMOTHY	10B. MIDDLE NAME OLIVER	10C. LAST NAME STOEN		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MILWAUKEE, WISCONSIN
	12. AGE OF FATHER (AS TIME OF THIS BIRTH) 34	13. COLOR OR RACE OF FATHER CAUCASIAN	14. PRESENT OR LAST OCCUPATION ASSISTANT ATTORNEY		15. KIND OF INDUSTRY OR BUSINESS LEGAL
INFORMANT'S CERTIFICATION	16A. PARTNER OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN FATHER SPECIFY) <i>Grace Lucy Stoen</i>		16B. DATE ATTESTED AND SIGNED BY INFORMANT 1-26-72		
ATTENDANT'S CERTIFICATION	17A. SIGNATURE FOR THIS PERSON (AUTHORITY: BIRTH SIGNATURE—DEGREE OR TITLE) <i>Dr. F. Smith</i>		17B. DATE OF SIGNATURE 1-26-72		
	17C. ADDRESS <i>Charles Ken, Jr.</i>		17D. PHYSICIAN'S CALIFORNIA LICENSE NUMBER A11087		
LOCAL REGISTRAR	18. REQUEST ON SS/CN FROM SOLICITATION LISTS		19. LOCAL REGISTRAR—SIGNATURE <i>Walter A. Clavin, M.D.</i>		20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR FEB 2 1972

B

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

4900-170

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND GENERAL KIT NUMBER	
THIS CHILD	1A. NAME OF CHILD—FIRST NAME JOHN	1B. MIDDLE NAME VICTOR	1C. LAST NAME STOEN
	2. SEX MALE	3A. THIS BIRTH... SINGLE	3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD, ...
PLACE OF BIRTH	4A. DATE OF BIRTH—MONTH, DAY, YEAR JANUARY 25, 1972	4B. TIME OF BIRTH 2:16PM	
	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
MOTHER	5D. CITY OR TOWN SANTA ROSA	5E. COUNTY SONOMA	
	6A. MAIDEN NAME OF MOTHER—FIRST NAME GRACE	6B. LAST NAME (MAY BE SURNAME) STOEN	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) SAN FRANCISCO, CALIF.
FATHER	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 21	9. RACE OF MOTHER CAMASIAN	10A. RESIDENCE OF MOTHER—STREET ADDRESS 6390 EASTSIDE CALPELLA ROAD NO
	10C. RESIDENCE OF MOTHER—CITY OR TOWN UKIAH	10B. RESIDENCE OF MOTHER—COUNTY MEMPHOCINO	10D. RESIDENCE OF MOTHER—STATE CALIFORNIA 95482
FATHER OF CHILD	11A. NAME OF FATHER—FIRST NAME TIMOTHY	11B. LAST NAME STOEN	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MILWAUKEE, WISCONSIN
	13. AGE OF FATHER (AT TIME OF THIS BIRTH) 34	14. RACE OF FATHER CAMASIAN	15A. OCCUPATION OR LAST OCCUPATION ASSISTANT DIST. ATTORNEY
INFORMANT'S CERTIFICATION	16. I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE-STATE INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	16A. OTHER INFORMANT—SIGNATURE (OTHER THAN PARENT, SPECIFY) <i>Grace Lucy Stoen</i>	16B. DATE REVIEWED AND SIGNED BY INFORMANT 1-26-72
	17. I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.	17A. SIGNATURE—DEGREE OR TITLE <i>W. S. Kelly, M.D.</i>	17B. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT 1-26-72
LOCAL REGISTRAR	18. REQUEST OMISSION FROM SOLICITATION LISTS	19. REGISTRAR—SIGNATURE <i>Walter C. ...</i>	20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR FEB 2 1972
	21. PREVIOUS DELIVERIES TO THIS MOTHER (DO NOT INCLUDE THIS CHILD) NONE	21A. NOW, MANY CHILDREN ARE NOW ALIVING NONE	21B. DATE OF LAST LIVE BIRTH (ENTER MONTH, DAY, YEAR) NONE
MEDICAL AND HEALTH DATA	22. DATE LAST NORMAL MENSES BEGAN (ENTER MONTH, DAY, YEAR) APRIL 10, 1971	22A. PREGNANCY/PRENATAL CARE 3RD, ETC.—IF NONE, SO STATE	22B. DATE OF LAST FETAL DEATH (ENTER MONTH, DAY, YEAR) NONE
	23. COMPLICATIONS RELATED TO PREGNANCY None	23A. WEIGHT AT BIRTH 7 lbs. 8 ozs.	23B. LENGTH AT BIRTH (CROWN-HEEL) 20 INCHES
	24. COMPLICATIONS OF LABOR AND DELIVERY Occiput anterior - mid forceps delivery	24A. BIRTH INJURY TO CHILD (YES/NO) None	24B. CAESAREAN SECTION (SPECIFY YES OR NO) NO
	25. CONGENITAL MALFORMATIONS OR ANOMALIES None	25A. INFANT DEATH—(ENTER DATE OF DEATH)	25B. REQUEST OMISSION FROM SOLICITATION LISTS
STATE REGISTRAR	A.	B.	C.
	D.	E.	F.

The within Document is a correct copy of the record in this office.

ATTEST: AUG 19 1972

HERB SNYDER, JR.
County Recorder III and Ex. Sec.
County of California
By: *P. Love*

Ut-C-1- (73)

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA--DEPARTMENT OF PUBLIC HEALTH

1900-170

STATE		BIRTH CERTIFICATE NUMBER		STATE OF CALIFORNIA--DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT		CITY AND COUNTY	
THIS CHILD	1A. NAME OF CHILD--FIRST NAME JOHN		1B. MIDDLE NAME VICTOR		1C. LAST NAME STOEN				
	2. SEX MALE	3A. THIS BIRTH SINGLE, TWIN OR TRIPLE	3B. SINGLE	3C. IF TWIN OR TRIPLE, 1ST OR 2ND, 3RD	4A. DATE OF BIRTH--MONTH, DAY, YEAR JANUARY 25, 1972		4B. TIME OF BIRTH 1:16 PM		
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. CITY OR TOWN SANTA ROSA				5D. COUNTY SONOMA				
MOTHER	6A. MARDEN NAME OF MOTHER--FIRST NAME GRACE		6B. MIDDLE NAME LUCY		6C. LAST NAME (MARDEN SURNAME) GRECH		7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) SAN FRANCISCO, CA		
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 21		9. COLOR OR RACE OF MOTHER CAUCASIAN		10A. RESIDENCE OF MOTHER--STREET ADDRESS 6300 EASTSIDE CAMPBELLA ROAD		10B. RESIDENCE CITY COUNTY ZIP CODE MENDOCINO CALIFORNIA 95448		
	10C. RESIDENCE OF MOTHER--CITY OR TOWN URIAH				10D. RESIDENCE OF MOTHER--COUNTY MENDOCINO		10E. RESIDENCE STATE CALIFORNIA		
FATHER OF CHILD	11A. NAME OF FATHER--FIRST NAME TIMOTHY		11B. MIDDLE NAME OLIVER		11C. LAST NAME STOEN		12. BIRTHPLACE MILWAUKEE, WISCONSIN		
	13. AGE OF FATHER (AT TIME OF THIS BIRTH) 34		14. COLOR OR RACE OF FATHER CAUCASIAN		15A. PRESENT OR LAST OCCUPATION ASS'T DIST. ATTORNEY		15B. KIND OF INDUSTRY OR BUSINESS LEGAL		
	16A. PARENT OR OTHER INFORMANT--SIGNATURE (IF OTHER THAN PARENT, SPECIFY) <i>Grace Lucy Stoen</i>				16B. DATE REVISED AND BY WHOM BY MENDOCINO 1-26-72		16C. DATE BIRTHED AND BY WHOM BY MENDOCINO 1-26-72		
ATTENDANT'S CERTIFICATION	17A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED AT BIRTH) SIGNATURE--DEGREE OR TITLE <i>J. S. Kelly, M.D.</i>				17B. ADDRESS <i>1165 Montgomery Drive</i>		17C. PHYSICIAN'S CALIFORNIA LICENSE NUMBER A14087		
	18. REQUEST OF OMISSION FROM SOLICITATION LISTS				19. LOCAL REGISTRAR--SIGNATURE <i>Walter C. Brown, M.D.</i>		20. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR FEB 2 1972		
MEDICAL AND HEALTH DATA	21A. PREVIOUS DELIVERIES TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)		21B. HOW MANY OTHER CHILDREN ARE NOW ALIVE?		21C. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?		21D. HOW MANY PREVIOUS BIRTHS WERE STILLBORN AFTER 20 WEEKS GESTATION?		21E. DATE OF LAST LIVE BIRTH (ENTER MONTH, DAY, YEAR) NONE
	22. DATE LAST NORMAL MENSTRUATION BEGAN (ENTER MONTH, DAY, YEAR) APRIL 10, 1971		23. MONTH OF PREGNANCY PRENATAL CARE BEGAN (1ST, 2ND, 3RD, ETC.--IF NONE, SO STATE) THIRD		24. WEIGHT AT BIRTH 7 lbs. 8 ozs.		25. LENGTH AT BIRTH (ENTER IN INCHES) 20		26. HEAD CIRCUMFERENCE AT BIRTH (ENTER IN INCHES) 13.5
	26. COMPLICATIONS RELATED TO PREGNANCY (DESCRIBE OR IF NONE, SO STATE) None								
	27. COMPLICATIONS OF LABOR AND DELIVERY (DESCRIBE OR IF NONE, SO STATE) Occiput posterior--had forceps delivery								
	28. BIRTH INJURY TO CHILD (DESCRIBE OR IF NONE, SO STATE) None								
29. CONGENITAL MALFORMATIONS OR ANOMALIES (DESCRIBE OR IF NONE, SO STATE) None									
31. INFANT DEATH--(ENTER DATE OF DEATH)				32. OTHER DATA				REQUEST OF OMISSION FROM SOLICITATION LISTS	
STATE REGISTRAR		A.		B.		C.		D.	

The within document is a correct copy of the record in this office.

Attest: AUG 10 1972

HEIDI UNYER, JR.
County Recorder in and for Mendocino County, California
By *H. L. Lowe*