

CERTIFICATION OF VITAL RECORD

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

1 PLACE OF BIRTH COUNTY OF <u>Loudoun</u>		CERTIFICATE OF BIRTH COMMONWEALTH OF VIRGINIA <u>55550</u>	
MAGISTERIAL DISTRICT OF <u>Leesburg</u>		BUREAU OF VITAL STATISTICS STATE BOARD OF HEALTH	
INC. TOWN OF <u>Loudoun County</u>		REGISTRATION DISTRICT No. <u>25307</u>	REGISTERED No. <u>96</u>
CITY OF <u>Hoscheland</u>		(FOR USE OF LOCAL REGISTRAR) St. _____ Ward _____	
2 FULL NAME OF CHILD <u>Katherine Bouleauva Graham</u> (Do not write in this space if child is not yet named; make supplemental report as directed)			
3 BOY OR GIRL? <u>Girl</u>	To be answered ONLY in event of plural births	4 Twin, triplet or other 5 Number, in order of birth	6 ARE PARENTS MARRIED? <u>Yes</u>
7 DATE OF BIRTH <u>Nov - 18 1944</u> (Name of Month) (Day) (Year)	8 FULL NAME FATHER <u>Charles Graham</u>		
9 PRESENT ADDRESS (Usual place of abode) If nonresident, give place and State <u>Harrison, Va</u>	16 FULL NAME BEFORE MARRIAGE MOTHER <u>Kathleen Arnold</u>		
10 WHITE OR COLORED? <u>White</u>	11 AGE AT LAST BIRTHDAY <u>25</u> (Years)	17 PRESENT ADDRESS (Usual place of abode) If nonresident, give place and State <u>Harrison, Va</u>	18 WHITE OR COLORED? <u>White</u>
12 BIRTHPLACE (city or place) (State or country) <u>Sequim Co. Va</u>	19 AGE AT LAST BIRTHDAY <u>22</u> (Years)	20 BIRTHPLACE (city or place) (State or country) <u>Louettsville Va</u>	21 OCCUPATION Nature of Industry <u>House-wife</u>
13 OCCUPATION Nature of Industry <u>Farmer</u>	14 DID YOU USE THE DROPS IN THE BABY'S EYES? <u>Yes</u>	22 INCLUDING THIS CHILD	Number of children of this Mother now living <u>1</u> Number of children of this Mother born alive and now dead _____ Number of children of this Mother stillborn _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
23 I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD, WHO WAS <u>Alex</u> AT <u>3:00</u> M. ON THE DATE ABOVE STATED. (Born Alive or Stillborn) (Hour A. M. or P. M.)			
*When there was no attending physician or midwife then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn.		24 (SIGNATURE) <u>W. E. Norris</u>	25 STATE WHETHER PHYSICIAN OR MIDWIFE <u>Physician</u>
26 ADDITIONAL INFORMATION ADDED FROM A SUPPLEMENTAL REPORT FROM _____		26 ADDRESS OF PHYSICIAN OR MIDWIFE <u>Leesburg</u>	
27 WITNESS _____		(Signature of Witness necessary only when question 24 is signed by mother)	
28 FILED <u>11/17 1944</u>		29 <u>W. E. Norris</u> LOCAL REGISTRAR	
REGISTRAR _____			
THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN (10) DAYS AFTER BIRTH IN THE COUNTIES, EARLIER IN CITIES			

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia.

DATE ISSUED

OCT 3 1986

Russell E. Booker, Jr.

Russell E. Booker, Jr., State Registrar

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