

Write Plainly with Unfading Black Ink or Typewriter—This is a Permanent Record
 N. B. Every item of information must be carefully supplied. Areas must be stated exactly. Be careful in
 spelling names. Write Legibly. File this certificate within 10 days of the date of birth.

**STANDARD CERTIFICATE
OF LIVE BIRTH**

**Nevada State Department of Health
DIVISION OF VITAL STATISTICS**

State File No. _____
Registrar's No. _____

1. PLACE OF BIRTH (a) County <u>Clark</u> (b) City or town <u>Las Vegas</u> (c) Name of hospital or institution <u>None</u> (If not in hospital or institution give street number or location) (d) Length of mother's stay before delivery— In hospital or institution _____ In this community _____ (Specify whether years, months, or days)		2. USUAL RESIDENCE OF MOTHER (a) State _____ (b) County <u>Nevada</u> (c) City or town _____ (If outside city or town limits write RURAL) (d) Street No. _____ (If outside city or town limits write RURAL)	
2. Full name of child <u>Esther Kathleen Fogelini</u>		4. Sex <u>Female</u>	
3. Twin or triplet <u>Single</u> If so—born 1st, 2d, or 3d.		6. Number of months of pregnancy <u>9</u>	
5. Date of birth <u>April 18 1983</u> (Month) (Day) (Year)		7. Date of birth	
FATHER OF CHILD 8. Full name <u>Lawrence Fogelini</u> 9. Color or race <u>W</u> 10. Age at time of this birth <u>67</u> yrs. 11. Birthplace <u>Southwestland</u> (City, town, or country) (State or foreign country) 12. Usual occupation <u>Teacher</u> 13. Industry or business <u>Own Ranch</u>		MOTHER OF CHILD 14. Full maiden name <u>Thelma Fogelini</u> 15. Color or race <u>W</u> 16. Age at time of this birth <u>42</u> yrs. 17. Birthplace <u>Wilkes Ranch Nev.</u> (City, town, or country) (State or foreign country) 18. Usual occupation <u>Homemaker</u> 19. Industry or business <u>Own Home</u>	
20. Children born to this mother (do not include this child): (a) How many other children of this mother are now living? <u>8</u> (b) How many other children were born alive but are now dead? <u>0</u> (c) How many children were born dead? <u>0</u>		21. Mother's mailing address for registration notice <u>Proche Nevada</u>	
22. Name prophylactic drug used in the baby's eyes <u>Apr 21 1983</u>		23. Was serological test made in accordance with law? At what period of gestation? <u>No</u>	
24. I hereby certify that I attended the birth of this child who was alive at the hour of <u>5 P</u> m. on the date above stated and that the information was furnished by <u>Mrs. James Fogelini</u> to this child as <u>mother</u>			
25. Date received by local registrar <u>4-1-83</u>		Attendant's own signature <u>J. V. Hartung</u>	
26. Registrar's own signature <u>J. V. Hartung</u>		M. D., midwife, or other _____	
27. Date on which given name added _____ by _____ Registrar		Address <u>Proche Nevada</u>	
Supplementary data below are not a part of the legal certificate.			
28. (a) Pregnancy, Complications of: _____		(d) Did baby have any: (1) Congenital malformation? _____	
(b) Labor, Complications of: <u>None</u>		(2) Birth injury? <u>None</u> Describe _____	
(c) Was there an operation for delivery _____ State all operations _____			

No. 77094
 FILED AND RECORDED AT REQUEST OF
ESTHER F. COLE
JAN. 20. 1983
 AT 30 MINUTES PAST 12 O'CLOCK
P M IN BOOK 53 OF OFFICIAL
 RECORDS, PAGE 352 LINCOLN
 COUNTY, NEVADA.
James Hartung
 COUNTY RECORDER