

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

	STATE FILE NUMBER <b>67-016406</b>	<b>CERTIFICATE OF LIVE BIRTH</b> STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER <b>1008 1011</b>
THIS CHILD	1A. NAME OF CHILD—FIRST NAME <b>Pamela</b>	1B. MIDDLE NAME ---	1C. LAST NAME <b>Banks</b>
	2. SEX <b>Female</b>	3A. THIS BIRTH, SINGLE, TWIN, OR TRIPLET? <b>Single</b>	3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD? ---
PLACE OF BIRTH	4A. DATE OF BIRTH—MONTH, DAY, YEAR <b>February 18, 1967</b>	4B. HOUR <b>7:57 P.</b>	
	5A. PLACE OF BIRTH—NAME OF HOSPITAL <b>Fresno Community Hospital</b>	5B. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) <b>Fresno and R Streets</b> <input checked="" type="checkbox"/> INSIDE CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
MOTHER OF CHILD	5C. CITY OR TOWN <b>Fresno</b>	5D. COUNTY <b>Fresno</b>	
	6A. MAIDEN NAME OF MOTHER—FIRST NAME <b>Lillie</b>	6B. MIDDLE NAME <b>V.</b>	6C. LAST NAME <b>Thomas</b>
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	7. COLOR OR RACE OF MOTHER <b>Negro</b>	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) <b>22</b> YEARS	
	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arkansas</b>	10. MAILING ADDRESS OF MOTHER—IF DIFFERENT FROM USUAL RESIDENCE, FOR NOTIFICATION OF BIRTH ---	
FATHER OF CHILD	11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (DO NOT USE P. O. BOX ADDRESS) OR LOCATION <b>221 Fresno</b>	11B. IF INSIDE CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM
	11C. CITY OR TOWN <b>Fresno</b>	11D. COUNTY <b>Fresno</b>	11E. STATE <b>California</b>
INFORMANT'S CERTIFICATION	12A. NAME OF FATHER—FIRST NAME <b>Jerry</b>	12B. MIDDLE NAME <b>Lynn</b>	12C. LAST NAME <b>Banks</b>
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) <b>26</b> YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arkansas</b>	16A. PRESENT OR LAST OCCUPATION <b>Maintenance Man</b>
ATTENDANT'S CERTIFICATION	16B. KIND OF INDUSTRY OR BUSINESS <b>County</b>		17. DATE SIGNED BY INFORMANT <b>Feb. 21 1967</b>
	17A. PARENT OR OTHER INFORMANT—SIGNATURE AND OTHER DATA <i>Lillie V. Banks</i>		18. ADDRESS <b>Fresno</b>
REGISTRAR'S CERTIFICATION	18A. PHYSICIAN (GIVING PERSON) SIGNATURE AND TITLE <i>Dr. J. Hayes</i>		19. DATE RECEIVED BY LOCAL REGISTRAR <b>FEB 27 1967</b>
	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		20. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

*James Greene*  
**JAMES GREENE MD MS**  
 STATE REGISTRAR OF VITAL RECORDS

SEP 18 2020

*Tony Agurto*  
**TONY AGURTO**  
 STATE REGISTRAR OF VITAL RECORDS

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the State Registrar.

CACDPH--01



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

