

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

56-015519

BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY <u>Pierce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Pierce</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Plainview</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Plainview</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Plainview General Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) a. (First) <u>Linda</u> b. (Middle) <u>Sue</u> c. (Last) <u>Sazama</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <u>June 3 1956</u>
FATHER OF CHILD			
7. FULL NAME a. (First) <u>Lawrence</u> b. (Middle) <u>Harold</u> c. (Last) <u>Sazama</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>38</u> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Osmond, Nebraska</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Imogene</u> b. (Middle) <u>Faye</u> c. (Last) <u>Shalfant</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Neligh, Nebraska</u>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mother</u>			
I hereby certify that this child was born alive on the date stated above at <u>3:30 p.m.</u>		18a. SIGNATURE <u>M.D. Johnson</u>	18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
18c. ADDRESS <u>Plainview, Nebraska</u>		19. MOTHER'S MAILING ADDRESS <u>Mrs. Lawrence Sazama, Route, Plainview, Nebraska</u>	
20. DATE REC'D BY LOCAL REG. <u>6-16-1956</u>	21. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Freda Theis
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR
LINCOLN, NEBRASKA

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