

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

57-021142
BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Norfolk</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Norfolk</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>613 Blaine</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Shane</u>		b. (Middle)	
c. (Last) <u>Huston</u>		6. DATE (Month) (Day) (Year) OF BIRTH <u>August 31, 1957</u>	
4. SEX <u>Male</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"/>	
FATHER OF CHILD			
7. FULL NAME a. (First) <u>Bob</u>		b. (Middle) <u>Roberts</u> c. (Last) <u>Huston</u>	
9. AGE (At time of this birth) <u>23</u> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Long Pine, Nebraska</u>	11a. USUAL OCCUPATION <u>Fireman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Chicago, Northwestern Railroad</u>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Patricia</u>		b. (Middle) <u>Ann</u> c. (Last) <u>Cook</u>	
14. AGE (At time of this birth) <u>19</u> Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Surprise, 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>Mrs. Bob Huston, Mother</u>			
I hereby certify that this child was born alive on the date stated above at <u>6:32 p.m.</u>		18a. SIGNATURE <u>Estel G. Surber</u>	
18c. ADDRESS <u>Norfolk, Nebraska</u>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
20. DATE REC'D BY LOCAL REG. <u>Sept 11, 1957</u>		21. REGISTRAR'S SIGNATURE <u>A. R. Boyer</u>	
19. MOTHER'S MAILING ADDRESS <u>Mrs. Bob Huston</u> <u>613 Blaine</u> <u>Norfolk, Nebraska</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.

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