

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF HEALTH

STATE FILING DATE  
STATE BIRTH NO.

148-

ORIGINAL CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER

CHILD-NAME 1. <b>JILL MARIE GODLESKI</b>			DATE OF BIRTH 2a. <b>April 8, 1968</b>	Month Day Year	HOUR 2b. <b>5:10P.</b>
SEX 3. <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	THIS BIRTH, Single, Twin, Triplet, Etc. 4a. <b>Single</b> (Specify)	IF NOT SINGLE BIRTH Born First, Second, Etc. 4b.	COUNTY OF BIRTH 5a. <b>Fond du Lac</b>		
NAME OF CITY OR VILLAGE 5b. <b>Fond du Lac</b> (If Neither, Name Township)		Inside City or Village Limits 5c. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HOSPITAL-NAME 5d. <b>St. Agnes</b> (If Not in Hospital, Give Street and Number or Location)		
MOTHER-MAIDEN NAME 6a. <b>Jayne Marie Stephany</b>		AGE 6b. <b>25</b>	STATE OF BIRTH (If not in U.S.A., Name of Country) 6c. <b>Wisconsin</b>		
RESIDENCE-STATE 7a. <b>Wisconsin</b>	COUNTY 7b. <b>Fond du Lac</b>	NAME OF CITY, VILLAGE (If Neither, Name Township) 7c. <b>Fond du Lac</b>	Inside City or Village Limits 7d. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MAILING ADDRESS 7e. <b>135 E Johnson St. Fond du Lac</b>	
FATHER-NAME 8a. <b>Arthur Allen Godleski</b>			AGE 8b. <b>27</b>	STATE OF BIRTH (If not in U.S.A., Name of Country) 8c. <b>Wisconsin</b>	
INFORMANT-SIGNATURE 9a. <i>Mrs Arthur Godleski</i>			RELATION TO CHILD 9b. <i>Mother</i>		
I Certify That The Above Named Child Was Born Alive At The Place and Time on The Date Stated Above			DATE SIGNED 10a. <i>April 8, 1968</i>	ATTENDANT (Specify) <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> Midwife <input type="checkbox"/> D.O. <input type="checkbox"/> Other	
SIGNATURE 10a. <i>Hans Hagel</i>		Type or Print 10b. <b>Hans Hagel</b>	MAILING ADDRESS Street or R.F.D. No. 10c. <b>92 E Division St.</b>	City or Village <b>Fond du Lac</b>	State <b>Wisconsin</b>
REGISTRAR-SIGNATURE 11a. <i>Mary A. Brickler</i>		DATE RECEIVED BY LOCAL REGISTRAR 11b. <b>April 16 1968</b>	Month <b>April</b>	Day <b>16</b>	Year <b>1968</b>

I, Mary A. Brickler, Register of Deeds of Fond du Lac County, Wisconsin, do hereby certify that this is a true and exact copy of the original document on file in the Office of the Register of Deeds, Fond du Lac County, Wisconsin.

Filed April 22, 1968

Dated April 22, 1988

*Mary A. Brickler*  
Register of Deeds  
*MR*