

CERTIFICATE OF LIVE BIRTH

8009 17960

BIRTH CERTIFICATE NUMBER STATE OF CALIFORNIA—DEPARTMENT OF HEALTH LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a. NAME OF CHILD—FIRST NAME 1b. MIDDLE NAME 1c. LAST NAME

Mark **Robert** **Kincaid**

2. SEX 3a. THIS BIRTH. SINGLE, TWIN, OR TRIPLET? 3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD? 4a. DATE OF BIRTH—MONTH, DAY, YEAR 4b. HOUR

Male **Single** **September 9, 1977** **2:25 A** M

5a. PLACE OF BIRTH—NAME OF HOSPITAL 5b. STREET ADDRESS (STREET, AND NUMBER, OR LOCATION) 5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)

University Hospital UCSD Medical Center **225 W. Dickinson St.** **Yes**

5d. CITY OR TOWN 5e. COUNTY

San Diego **92103** **San Diego**

6a. MAIDEN NAME OF MOTHER—FIRST NAME; 6b. MIDDLE NAME 6c. LAST NAME (MAIDEN SURNAME) 7. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Susan **Kay** **Seal** **Illinois**

8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 8a. SOCIAL SECURITY NUMBER OF MOTHER 9. COLOR OR RACE OF MOTHER 10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS, OR LOCATION) 10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)

31 YEARS **549 74 7209** **Cauc.** **3003 51st. St.** **Yes**

10c. RESIDENCE OF MOTHER—CITY OR TOWN 10d. RESIDENCE OF MOTHER—COUNTY 10e. RESIDENCE OF MOTHER—STATE

San Diego **92105** **San Diego** **California**

11a. NAME OF FATHER—FIRST NAME 11b. MIDDLE NAME 11c. LAST NAME 12. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Robert **Marion** **Kincaid** **Ohio**

13. AGE OF FATHER (AT TIME OF THIS BIRTH) 13a. SOCIAL SECURITY NUMBER OF FATHER 14. COLOR OR RACE OF FATHER 15

30 YEARS **298 40 6516** **Cauc.** **15**

HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE- STATED INFORMATION AND THAT IT IS TRUE AND COR- RECT TO THE BEST OF MY KNOWLEDGE. 16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY) 16b. DATE REVIEWED AND SIGNED BY INFORMANT

▶ *Dusan Kincaid* **9 9 77**

HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE. 17a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE 17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT

▶ *Lawrence Gill MD* **9 15 77**

17c. ADDRESS 17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER

225 W. Dickinson St., San Diego, Ca. **Intern**

18. 19. LOCAL REGISTRAR—SIGNATURE 20. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR

▶ *John R. Chiles MD* *JH* **SEP 20 1977**