

**NORTH DAKOTA
CERTIFICATE OF LIVE BIRTH
STATE DEPARTMENT OF HEALTH**

133-

Local Registrar's File No.

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1. PLACE OF BIRTH: State of North Dakota a. COUNTY WARD		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE NORTH DAKOTA b. COUNTY WARD	
b. BIRTH TOOK PLACE <input type="checkbox"/> Outside city limits and in.....Township. <input checked="" type="checkbox"/> Inside city limits and in the city or village named in 1c.		c. RESIDENCE <input checked="" type="checkbox"/> Outside city limits and in.....Township. <input type="checkbox"/> Inside city limits and in the city or village named in 2b.	
c. CITY OR VILLAGE		d. CITY OR VILLAGE MINOT AIR FORCE BASE	
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Genl Med. Group		e. STREET ADDRESS 105-4 SIESTA DRIVE	f. Does mother live on a farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. CHILD'S NAME (Type or Print) a. (First) BARBARA		b. (Middle) JEAN	c. (Last) LENKTIS
4. SEX FEMALE	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) (Hour) SEPT 14 1962 5:45 A.M.
FATHER OF CHILD			
7. FULL NAME a. (First) ROBERT		b. (Middle) WALTER	c. (Last) LENKTIS
8. COLOR OR RACE CAUCASIAN	9. AGE (At time of this birth) YEARS 28	10. BIRTHPLACE (State or foreign country) NEW YORK	11a. USUAL OCCUPATION USAF Lt
11b. KIND OF BUSINESS OR INDUSTRY SAGE	12. FULL MAIDEN NAME a. (First) FUJI		
13. COLOR OR RACE MONGOLIAN	14. AGE (At time of this birth) YEARS 34	15. BIRTHPLACE (State or foreign country) JAPAN	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT Father			
18. MOTHER'S MAILING ADDRESS 105-4 SIESTA DRIVE MINOT AFB, NORTH DAKOTA			
I hereby certify that this child was born alive on the date stated above.	19a. SIGNATURE Dr. Brown		19b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> OTHER (Specify)
	19c. ADDRESS		19d. DATE SIGNED
20. DATE REC'D BY LOCAL REG.	21. REGISTRAR'S SIGNATURE		22. Given name and/or any other additional or corrective data added in accordance with Sec. 23-0220, 23-0225, 1943 R.C.
FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out)			
23a. LENGTH OF PREG-NANCY 40	23b. WEIGHT AT BIRTH 5 LBS 10 1/4	24. LEGITIMATE Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	25. Were precautions taken against ophthalmia neonatorum? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
26. Did mother have prenatal blood test? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	27. CONGENITAL MALFORMATION Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Parent Signed Robert W. Lenktis

1958 REVISION OF STANDARD CERTIFICATE PUBLIC HEALTH SERVICE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
MARGIN RESERVED FOR BINDING
I have checked the facts shown on this certificate and find they are correct.
For use in hospitals and maternity homes