

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

SANTA BARBARA, CALIFORNIA

STATE FILE NUMBER	CERTIFICATE OF LIVE BIRTH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
	STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				4200 VOL 152 PAGE 279 3680
THIS CHILD	1a. NAME OF CHILD—FIRST NAME		1b. MIDDLE NAME	1c. LAST NAME	
	CHRISTINE		MARIE	AZEVEDO	
PLACE OF BIRTH	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
	Female	Single	-	October 14, 1965	1:03 P
MOTHER OF CHILD	5a. PLACE OF BIRTH—NAME OF HOSPITAL		5b. STREET ADDRESS; GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS.		
	Our Lady of Perpetual Help Hospital		124 South College Drive		
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	5c. CITY OR TOWN		5d. COUNTY		
	Santa Maria		Santa Barbara		
FATHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME		6b. MIDDLE NAME	6c. LAST NAME	7. COLOR OR RACE OF MOTHER
	Kathleen		Ann	Young	White
PARENT'S DECLARATION	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	10. MAILING ADDRESS OF MOTHER—IF DIFFERENT FROM USUAL RESIDENCE FOR NOTIFICATION OF BIRTH REGISTRATION.		
	19	California	712-B East Church Street, Santa Maria		
ATTENDANT'S CERTIFICATION	11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION)		11b. IF INSIDE CORPORATE LIMITS		IF OUTSIDE CITY CORPORATE LIMITS
	712-B East Church Street		XX CHECK HERE		CHECK ONE: <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM
REGISTRAR'S CERTIFICATION	11c. CITY OR TOWN		11d. COUNTY		11e. STATE
	Santa Maria		Santa Barbara		California
ATTENDANT'S CERTIFICATION	12a. NAME OF FATHER—FIRST NAME		12b. MIDDLE NAME	12c. LAST NAME	13. COLOR OR RACE OF FATHER
	Frank		Fostien	Azevedo, Junior	White
ATTENDANT'S CERTIFICATION	14. AGE OF FATHER (AT TIME OF THIS BIRTH) YEARS		15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16a. PRESENT OR LAST OCCUPATION	16b. KIND OF INDUSTRY OR BUSINESS
	21		California	Assistant Manager	Service Station
ATTENDANT'S CERTIFICATION	17a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT SIGN)		17b. DATE SIGNED BY INFORMANT		
	Kathleen A. Azevedo		October 16, 1965		
ATTENDANT'S CERTIFICATION	18a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH)—SIGNATURE (GIVEN OR TITLE)		18b. ADDRESS		
	J. V. Josten, M. D.		Santa Maria, California		
ATTENDANT'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		20. LOCAL REGISTRAR—SIGNATURE		21. DATE RECEIVED BY LOCAL REGISTRAR
			Joseph Mardo MD JW		October 18, 1965

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

} SS **APR 14 2015**

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DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SANTA BARBARA COUNTY CLERK, RECORDER and ASSESSOR.

Joseph E. Holland
JOSEPH E. HOLLAND
COUNTY CLERK, RECORDER and ASSESSOR
SANTA BARBARA, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk, Recorder and Assessor.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE