

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

STATE FILE NUMBER		CERTIFICATE OF LIVE BIRTH			LOCAL REGISTRATION DISTRICT AND 3300	CERTIFICATE NUMBER 2574
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH						
THIS CHILD	1A. NAME OF CHILD—FIRST NAME William	1B. MIDDLE NAME Rockie	1C. LAST NAME Koper			
	2. SEX Male	3A. THIS BIRTH SINGLE, TWIN, OR TRIPLET Single	3B. IF TWIN OR TRIPLET THIS CHILD BORN 1ST, 2ND, 3RD	4A. DATE OF BIRTH—MONTH, DAY, YEAR May 10, 1959	4B. HOUR 6:00 A.	
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL Palo Verde Hospital		5B. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER) 250 No. First Street			
	5C. CITY OR TOWN Blythe		5D. COUNTY Riverside			
MOTHER OF CHILD	6A. MAIDEN NAME OF MOTHER—FIRST NAME Lenoah	6B. MIDDLE NAME Yvonne	6C. LAST NAME Foster	7. COLOR OR RACE OF MOTHER Caucasian		
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 20 YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oklahoma	10. MAILING ADDRESS OF MOTHER—(IF DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH) Box 1033			
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION) 152 No. Palm Street		11B. IF INSIDE CITY CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE		IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE: <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM	
	11C. CITY OR TOWN Blythe		11D. COUNTY Riverside		11E. STATE California	
FATHER OF CHILD	12A. NAME OF FATHER—FIRST NAME Bobby	12B. MIDDLE NAME Thomas	12C. LAST NAME Koper	13. COLOR OR RACE OF FATHER Caucasian		
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 21 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oklahoma	16A. PRESENT OR LAST OCCUPATION Salesman		16B. KIND OF INDUSTRY OR BUSINESS Sears-Retail Store	
INFORMANT'S CERTIFICATION	I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		17A. PARENT OR OTHER INFORMANT—SIGNATURE (PRINT NAME) <i>Mr. Lenoah Koper</i>		17B. DATE SIGNED BY INFORMANT 5-11-59	
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		18A. PHYSICIAN OR OTHER PERSON WHO ATTENDED THIS BIRTH—SIGNATURE—DEGREE OR TITLE <i>Dr. McCarson MD</i>		18B. ADDRESS 153 S. Broadway Blythe, Calif.	
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		20. LOCAL REGISTRAR—SIGNATURE <i>Walter H. ...</i>		21. DATE RECEIVED BY LOCAL REGISTRAR MAY 27, 1959	
PREVIOUS DELIVERIES TO THIS		22A. HOW MANY OTHER CHILDREN ARE NOW LIVING?		22B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?		22C. HOW MANY FETUSES BORN DEAD AT TERM?

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

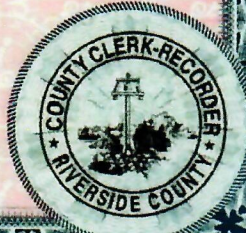
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, County Clerk-Recorder.

DATE ISSUED **JUL 14 2000**

*This copy is not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk-Recorder.

Gary L. Orso

GARY L. ORSO
COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE