

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

*304*

**CERTIFICATE OF LIVE BIRTH**

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER **5800 106**

	1A. NAME OF CHILD—FIRST NAME <b>MITHELLE</b>	1B. MIDDLE NAME <b>LYNN</b>	1C. LAST NAME <b>HULSEY</b>
THIS CHILD	2. SEX <b>Female</b>	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 <b>May 3, 1960</b>		4B. HOUR <b>8:56A.</b> M.
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL <b>Marysville</b>		5B. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) <input checked="" type="checkbox"/> CITY <input type="checkbox"/> RURAL
	5C. CITY OR TOWN <b>Marysville</b>		5D. COUNTY <b>Yuba</b>
MOTHER OF CHILD	6A. MAIDEN NAME OF MOTHER—FIRST NAME <b>SHIRLEY</b>	6B. MIDDLE NAME <b>ANN</b>	6C. LAST NAME <b>APODACA</b>
	7. COLOR OR RACE OF MOTHER <b>Spanish</b>	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) <b>20</b> YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Colorado</b>
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	10. MAILING ADDRESS OF MOTHER— <small>IF DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH REGISTRATION</small>		11. IF INSIDE CORPORATE LIMITS CHECK ONE: <input type="checkbox"/> CHECK HERE
	11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS <small>(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)</small>		IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE: <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM
	11C. CITY OR TOWN <b>Marysville</b>	11D. COUNTY <b>Yuba</b>	11E. STATE <b>California</b>
FATHER OF CHILD	12A. NAME OF FATHER—FIRST NAME <b>GORDON</b>	12B. MIDDLE NAME <b>ALLEN</b>	12C. LAST NAME <b>HULSEY</b>
	13. COLOR OR RACE OF FATHER <b>White</b>	14. AGE OF FATHER (AT TIME OF THIS BIRTH) <b>21</b> YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>
	16A. PRESENT OR LAST OCCUPATION <b>Laborer</b>		16B. KIND OF INDUSTRY OR BUSINESS
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, <small>IF OTHER THAN PARENT, SPECIFY</small> <b>Gordon Allen Hulsey</b>
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.		17B. DATE SIGNED BY INFORMANT
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		18A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE <b>Richard Callison M.D.</b>
	20. LOCAL REGISTRAR—SIGNATURE <b>Leon M. Swift, M.D.</b>		18B. ADDRESS <b>Marysville</b>
			21. DATE RECEIVED BY LOCAL REGISTRAR <b>May 9, 1960</b>

*Dana E. Moore*

DANA E. MOORE, MPH, CPH  
STATE REGISTRAR OF VITAL RECORDS

*Tony Agurto*

TONY AGURTO  
STATE REGISTRAR OF VITAL RECORDS

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

*James Greene*

APR 15 2021

JAMES GREENE MD MS  
STATE REGISTRAR OF VITAL RECORDS

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the State Registrar.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

