

Serial No. 03-61-15

**BIRTH CERTIFICATE
OF
AMERICAN SAMOA**

Village LBJ TROPICAL MEDICAL CENTER Full Name of Child SHAUN DUANE WHITE

| | | | | |
|-----------------|--|------------------------------|--------------------|---------------|
| Sex MALE | Twin, Triplet or other? To be answered only in event of plural birth | Number in order of birth: | Born at: | Date of Birth |
| | | | Hospital <u>XX</u> | |
| | | | Dispensary | |
| | | | Home | |

| FATHER | | MOTHER | |
|-------------------------|-----------------------|-------------------------|--------------------------------|
| Full name | <u>DUANE WHITE</u> | Full name | <u>BETTY SPENCER WHITE</u> |
| Residence | <u>TAFUNA</u> | Residence | <u>TAFUNA</u> |
| Race | <u>CANCASIAN</u> | Race | <u>POLYNESIAN</u> |
| Age at last birthday | <u>46</u> | Age at last birthday | <u>27</u> |
| Birthplace | <u>ATWOOD, KANSAS</u> | Birthplace | <u>VAITOGI</u> |
| Nationality | <u>U.S. CITIZEN</u> | Nationality | <u>U.S. CITIZEN</u> |
| Occupation | <u>T.V. ENGINEER</u> | Occupation | <u>SALES AGENT (AIR LINES)</u> |

Number of children born to this mother including present birth 2

Number of children of this mother now living 2

DO NOT WRITE IN THIS SPACE—For
Registrar's Use Only:

Chicago 1/17/72
RECEIVED
 Office of Vital Statistics
 3-1-72 9:30am *Bar*

I hereby certify that the foregoing information
is true to the best of my knowledge and belief.

Paul Godinet
PAUL GODINET, M.D.
 Person Attending Birth

Reviewed and accepted.

Lowell E. Wiese
LOWELL E. WIESE, M.D.
 Public Health Officer
 DIRECTOR OF MEDICAL SERVICES

(ALL BLANKS MUST BE FILLED IN)

Office of Vital Statistics

3/1/72
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