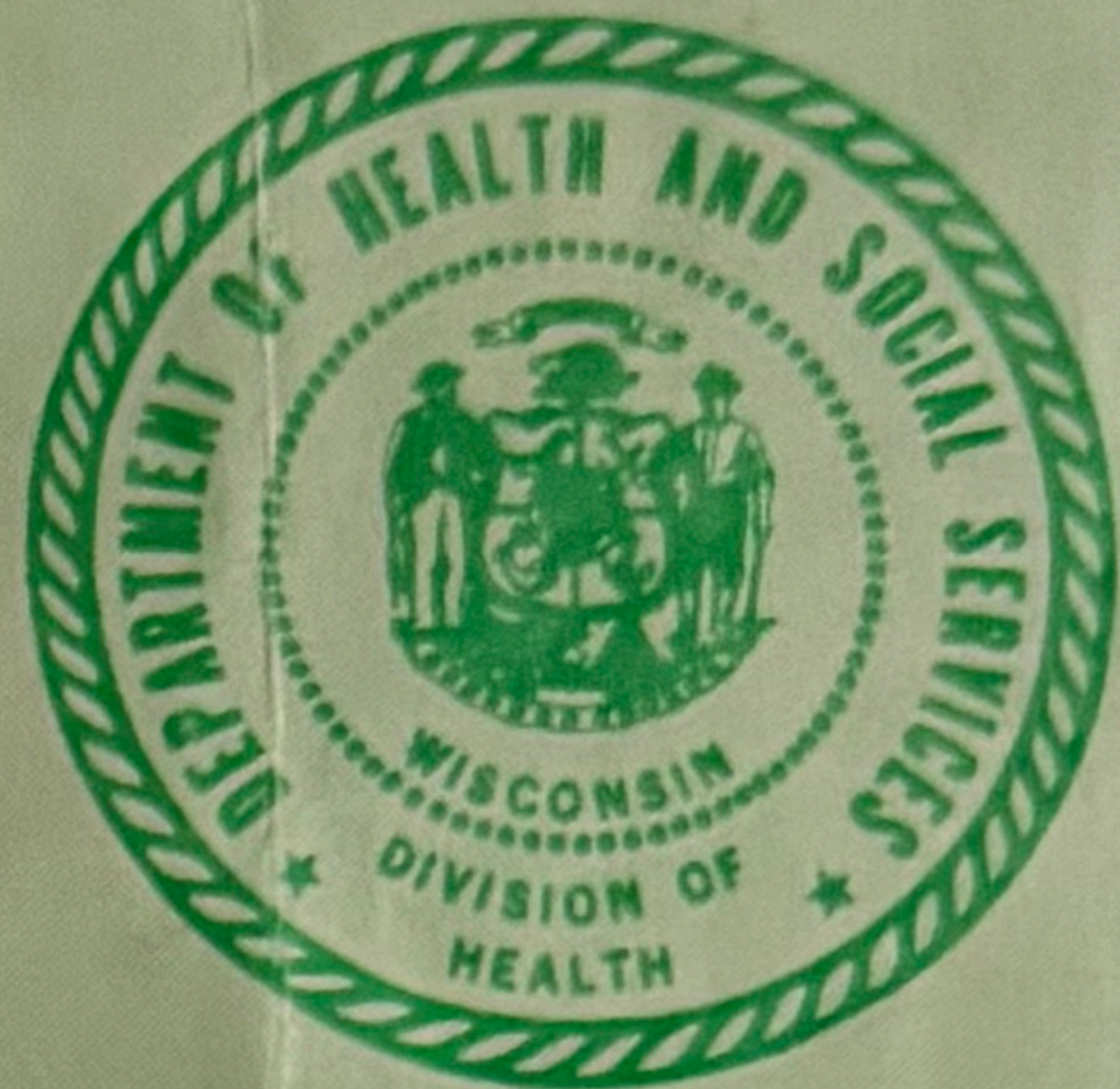


NOTIFICATION OF BIRTH REGISTRATION

CHILD'S NAME		LAST	FIRST	MIDDLE INITIAL
		NICKENBURY	ADAM	DEATH
SEX	PLACE OF BIRTH			DATE OF BIRTH
	LA CROSSE			06 19 82
AGE OF PARENTS		COUNTY	CERTIFICATE NUMBER	
MOTHER	FATHER	LAKA	148- 22- 027303	



THE STATE OF WISCONSIN

DEPT. OF HEALTH AND SOCIAL SERVICES
 BUREAU OF HEALTH STATISTICS
 P.O. BOX 309 MADISON, WISCONSIN 53701

MINOR CORRECTIONS REQUESTED BY PARENTS WILL BE POSTED ON THE ORIGINAL BIRTH CERTIFICATE. ANOTHER COPY OF THIS FORM WILL NOT BE SENT.

THIS FORM IS NOT A CERTIFIED COPY

VS-68

This is a notice that your child's birth certificate has recently been filed in this office. For a certified copy of your child's original birth certificate, please return the "correction-request" form with a fee of \$4.00 and a self-addressed stamped envelope. Additional copies ordered at the same time are \$2.00.

The computer omits apostrophies and blanks in last names. (Example: O'BRIEN = OBRIEN). This does not mean the name is wrong on the birth certificate itself. If items are in error, please correct in black ink on the "correction-request" form. If correcting age of parents, include year and date of birth.