

COUNTY OF SAN DIEGO

ASSESSOR/RECORDER/COUNTY CLERK

104-73-106147

CERTIFICATE OF LIVE BIRTH

8009 05215

STATE BIRTH CERTIFICATE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1a NAME OF CHILD—FIRST NAME DOROTHY		1b MIDDLE NAME TAGIILIMA		1c LAST NAME MEAOLE	
	2 SEX FEMALE	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 MARCH 30, 1973	4b HOUR 11:19 A M
PLACE OF BIRTH	5a PLACE OF BIRTH—NAME OF HOSPITAL NAVAL HOSPITAL			5b STREET ADDRESS (STREET AND NUMBER OR LOCATION) SAN DIEGO, CALIFORNIA 92134		5c INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES
	5d CITY OR TOWN SAN DIEGO			5e COUNTY SAN DIEGO		
MOTHER OF CHILD	6a MAIDEN NAME OF MOTHER—FIRST NAME AFANO		6b MIDDLE NAME		6c LAST NAME (MAIDEN SURNAME) LEMAUGA	
	7 BIRTHPLACE (STATE OR FOREIGN COUNTRY) SAMOA		8a AGE OF MOTHER (AT TIME OF THIS BIRTH) 24 YEARS		8b SOCIAL SECURITY NUMBER NONE	
	9 COLOR OR RACE OF MOTHER SAMOAN		10a RESIDENCE OF MOTHER—STREET ADDRESS 1462 Ebbs		10b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES	
	10c RESIDENCE OF MOTHER—CITY OR TOWN SAN DIEGO		10d RESIDENCE OF MOTHER—COUNTY SAN DIEGO		10e RESIDENCE OF MOTHER—STATE CALIFORNIA	
FATHER OF CHILD	11a NAME OF FATHER—FIRST NAME KETESEMANE		11b MIDDLE NAME MONNIE		11c LAST NAME MEAOLE	
	12 BIRTHPLACE (STATE OR FOREIGN COUNTRY) SAMOA		13 AGE OF FATHER (AT TIME OF THIS BIRTH) 32 YEARS		13a SOCIAL SECURITY NUMBER 568 21 2136	
14 COLOR OR RACE OF FATHER SAMOAN		15a PRESENT OR LAST OCCUPATION SSGT		15b KIND OF INDUSTRY OR BUSINESS USMC		
INFORMANT'S CERTIFICATION	16a PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY) <i>Aipano Heiala</i>			16b DATE REVIEWED AND SIGNED BY INFORMANT MARCH 31, 1973		
ATTENDANT'S CERTIFICATION	17a PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE <i>G. A. RITCHER</i> M. D.			17b DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT APRIL 1, 1973		
	17c ADDRESS NAVAL HOSPITAL			17d PHYSICIAN'S CALIFORNIA LICENSE NUMBER NONE		
LOCAL	19 LOCAL REGISTRAR SIGNATURE <i>David Butler MS</i>			20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR APR 19 1973		

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

David Butler

May 21, 2010

David Butler
Assessor/Recorder/County Clerk

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

