

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

REGISTRATION DISTRICT NO.	41.0
REGISTERED NUMBER	501

**STATE OF ILLINOIS
CERTIFICATE OF LIVE BIRTH**

CHILD'S BIRTH NUMBER
112- 89 074213

CHILD'S NAME FIRST MIDDLE LAST 1. Kirk Allen Pettay			DATE OF BIRTH (MONTH, DAY, YEAR) 2. September 10, 1989	TIME OF BIRTH 3. 5:14 A
SEX 4. Male	CHILD'S BLOOD TYPE 5. O+	CITY, TOWN, TWP., OR LOCATION OF BIRTH 6. Mt. Vernon		COUNTY OF BIRTH 7. Jefferson
PLACE OF BIRTH: <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> RESIDENCE		FACILITY NAME (IF NOT INSTITUTION, GIVE STREET AND NUMBER) 8. OTHER (SPECIFY) 9. Good Samaritan Regional Health Center		
I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED. SIGNATURE 10a. <i>Salvin Chia</i>		DATE SIGNED (Month, Day, Year) 10d. 9-10-89	ATTENDANT'S NAME AND TITLE (IF OTHER THAN CERTIFIER) (TYPE/PRINT) Name <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. 11. OTHER (SPECIFY)	
CERTIFIER'S NAME AND TITLE (TYPE/PRINT) Name Dr. Salvin Chia <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> HOSPITAL ADMINISTRATOR		ATTENDANT'S MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE) 13. 2413 Broadway Mt. Vernon, IL 62864		
LOCAL REGISTRAR'S 14. SIGNATURE <i>Frank J. Wilson</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 15. <i>Sept 13, 1989</i>		
MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST) 16a. Michelle Renee Chandler		SOCIAL SECURITY NUMBER 16b. -	DATE OF BIRTH (MONTH, DAY, YEAR) 17. 3-31-70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 18. IL
RESIDENCE - STREET AND NUMBER 19a. Route 4 Box 437		CITY, TOWN, TWP., OR ROAD DIST. NO. 19b. Salem		INSIDE CITY (YES/NO) 19c. No
COUNTRY 19d. Marion	STATE 19e. IL	MOTHER'S MAILING ADDRESS (IF SAME AS RESIDENCE, ENTER ZIP CODE ONLY) 19f. 62881		
FATHER'S NAME (FIRST, MIDDLE, LAST) 20a. Keith Allen Pettay		SOCIAL SECURITY NUMBER 20b. -	DATE OF BIRTH (MONTH, DAY, YEAR) 21. 6-24-69	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 22. IN
I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
MOTHER'S SIGNATURE 23a. <i>Michelle Pettay</i>		FATHER'S SIGNATURE 23b. -		

167403

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED
MAY 31 2005

Eric E. Whitaker M.D.

ERIC E. WHITAKER, M.D.
STATE REGISTRAR