

CERTIFICATION OF VITAL RECORD

STATE OF MAINE

FORM A (1949 Revision of Standard Certificate)
CERTIFICATE OF LIVE BIRTH

164 STATE OF MAINE

1. PLACE OF BIRTH a. COUNTY Androscoggin		2. USUAL RESIDENCE OF MOTHER (where does mother live?) a. HOUSE ADDRESS 131 Summer St.	
b. TOWN Lewiston		P. O. STATE	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's General Hospital		b. LEGAL RESIDENCE Lewiston, Androscoggin, Maine	
3. CHILD'S NAME (Type or print)		c. (Last) Bedford	
a. (First) Sandra		b. (Middle) Anne	
4. SEX F	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH March 15, 1949
FATHER OF CHILD			
7. FULL NAME a. (First) Earl		b. (Middle) Henry	
c. (Last) Bedford, Jr.		8. COLOR OR RACE white	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (Town & State or foreign country) Brunswick, Maine	11a. USUAL OCCUPATION Unemployed at present	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Therese		b. (Middle) Lorette	
c. (Last) Domingue		13. COLOR OR RACE white	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (Town & State or foreign country) Canada	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. MOTHER'S SIGNATURE: RECORD APPROVED <i>Mrs. Therese Bedford</i>		a. How many OTHER children are now living? 1	b. How many OTHER children were born alive but are now dead? 0
18a. SIGNATURE <i>Edwin Kay M.D.</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> OTHER (Specify)	
18c. ADDRESS 31 Trump St. Lewiston		18d. DATE SIGNED 3/22/49	
19. DATE REC'D BY LOCAL REG. APR 5 1949	20. REGISTRAR'S SIGNATURE <i>Lucian Lebel</i>		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

TOWN OF: **LEWISTON**

DATE ISSUED: **NOV 16 2007**

ATTEST: *Kathleen M. Montejo*
Kathleen M. Montejo

STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST

VS-31 R0606 This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

