

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<br>a. COUNTY<br>Androscoggin   |   | 2. USUAL RESIDENCE OF MOTHER (where does mother live?) Write RURAL, if so.<br>a. HOUSE ADDRESS<br>131 Summer St.                   |   |
| b. TOWN<br>Lewiston  |   | P. O. STATE  |   |
| c. FULL NAME OF (IF NOT in hospital or institution, give home address)<br>HOSPITAL OR INSTITUTION<br>St. Mary's General Hospital |   | b. LEGAL RESIDENCE<br>Town County State<br>Lewiston, Androscoggin, Maine   |   |
| 3. CHILD'S NAME<br>(Type or print)   |   | a. (First)<br>Sandra   | b. (Middle)<br>Anne   |
|  |   | c. (Last)<br>Bedford   |   |
| 4. SEX<br>F  | 5a. THIS BIRTH<br>Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | 5b. IF TWIN OR TRIPLET (This child born)<br>1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> | 6. DATE OF BIRTH<br>(Month) (Day) (Year)<br>March 15, 1949  |
| <b>FATHER OF CHILD</b>   |   |  |   |
| 7. FULL NAME<br>a. (First)<br>Earl   |   | b. (Middle)<br>Henry   | c. (Last)<br>Bedford, Jr.   |
|  |   | 8. COLOR OR RACE<br>white  |   |
| 9. AGE (At time of this birth)<br>28 YEARS   | 10. BIRTHPLACE (Town & State or foreign country)<br>Brunswick, Maine  | 11a. USUAL OCCUPATION<br>Unemployed at present   | 11b. KIND OF BUSINESS OR INDUSTRY   |
| <b>MOTHER OF CHILD</b>   |   |  |   |
| 12. FULL MAIDEN NAME<br>a. (First)<br>Therese  |   | b. (Middle)<br>Lorette   | c. (Last)<br>Domingue   |
|  |   | 13. COLOR OR RACE<br>white   |   |
| 14. AGE (At time of this birth)<br>26 YEARS  | 15. BIRTHPLACE (Town & State or foreign country)<br>Canada  | 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)  |   |
|  |   | a. How many OTHER children are now living?<br>1  | b. How many OTHER children were born alive but are now dead?<br>0   |
|  |   | c. How many children were stillborn (born dead after 20 weeks pregnancy)?<br>0   |   |
| 17. MOTHER'S SIGNATURE;<br>RECORD APPROVER<br><i>Mrs. Therese Bedford</i>  |   | 18a. SIGNATURE<br><i>Edwin Kay M.D.</i>  | 18b. ATTENDANT AT BIRTH<br>M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> OTHER (Specify) |
| I hereby certify that this child was born alive on the date stated above.  |   | 18c. ADDRESS<br>31 Spring St. Lewiston   | 18d. DATE SIGNED<br>3/22/49   |
| 19. DATE REC'D BY LOCAL<br>APR 5 1949  | 20. REGISTRAR'S SIGNATURE<br><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.

