

Sept. 16, 1930

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH SERVICES DIVISION

VITAL RECORDS

33044

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
BUREAU OF VITAL STATISTICS

29654

CERTIFICATE OF LIVE BIRTH 146

PRINT IN  
PERMANENT INK

LOCAL FILE NUMBER

976

CHILD—NAME		FIRST	MIDDLE	LAST	DATE OF BIRTH (MONTH, DAY, YEAR)	BIRTH NUMBER	HOUR
1. STANLEY DEVON JONES					2. AUGUST 6 1926		2b 7 4/4 P.M.
3. MALE	THIS BIRTH (SPECIFY)		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH		
4a. SINGLE					5a. KITSAP		
CITY, TOWN, OR LOCATION OF BIRTH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)			
5b. BREMERTON			5c. YES	5d. HARRISON MEMORIAL HOSPITAL			
MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
6a. MYRTLE MARIE SELBURG					6b. 18	6c. WASHINGTON	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
WASHINGTON		7b. KITSAP	7c. PORT ORCHARD		7d. YES	7e. 2410 SIDNEY	
FATHER—NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
8a. STANLEY EARL JONES					8b. 19	8c. MONTANA	
INFORMANT						RELATION TO CHILD	
9a. MYRTLE MARIE JONES						9b. MOTHER	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.					DATE SIGNED (MONTH, DAY, YEAR)	ATTENDANT—M.D., D.O., OTHER (SPECIFY)	
10a. SIGNATURE J. A. Severson M.D.					10b. 8/7/16	10c. M.D.	
CERTIFIER—NAME (TYPE OR PRINT)					MAILING ADDRESS	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
10d. J. A. Severson, M.D.					Bremerton, Wash		
REGISTRAR—SIGNATURE					DATE RECEIVED BY LOCAL REGISTRAR		
11a. Shirley Borden, Jr.					MONTH DAY YEAR		
					11b. AUG 14 1976		

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Thomas W. Steinburn

THOMAS W. STEINBURN  
STATE REGISTRAR OF VITAL RECORDS