

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

STATE OF TEXAS

BIRTH NO. 142 --

1. PLACE OF BIRTH a. COUNTY <p style="text-align: center;">Orange</p>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <p style="text-align: center;">Texas</p>		b. COUNTY <p style="text-align: center;">Orange</p>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <p style="text-align: center;">Orange</p>		c. CITY OF TOWN (If outside city limits, give precinct no.) <p style="text-align: center;">Orange</p>			
c. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <p style="text-align: center;">Orange City Hospital</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">356 Claxton Cts.</p>			
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CHILD	3. NAME (Type or Print) (a) First (b) Middle (c) Last <p style="text-align: center;">KAREN SUE BOEHME</p>			4. DATE OF BIRTH <p style="text-align: center;">SEPTEMBER 28, 1954</p>	
	5. SEX <p style="text-align: center;">Female</p>	6a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		6b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
FATHER	7. NAME (a) First (b) Middle (c) Last <p style="text-align: center;">Wilbur Earl Boehme</p>			8. COLOR OR RACE <p style="text-align: center;">White</p>	
	9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Texas</p>	11a. USUAL OCCUPATION <p style="text-align: center;">Operator</p>	11b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Chem. Plant</p>	
MOTHER	12. MAIDEN NAME (a) First (b) Middle (c) Last <p style="text-align: center;">Yvonna Eleanor Sherrod</p>			13. COLOR OR RACE <p style="text-align: center;">White</p>	
	14. AGE (At time of this birth) 28	15. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Texas</p>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
17. INFORMANT <p style="text-align: center;">W. L. Boehme</p>		a. How many OTHER children are now living? <p style="text-align: center;">1</p>	b. How many OTHER children were born alive but are now dead? <p style="text-align: center;">none</p>	c. How many children were born dead (fetal deaths after 20 weeks pregnancy)? <p style="text-align: center;">none</p>	
18. I hereby certify that this child was born alive on the date stated above. at 5:47 A. m.	19a. ATTENDANT'S SIGNATURE <p style="text-align: center;">E. H. Kent</p>		19b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/>		
	19c. ATTENDANT'S ADDRESS <p style="text-align: center;">Orange, Texas</p>		19d. DATE SIGNED <p style="text-align: center;">9-30-54</p>		
20a. REGISTRAR'S FILE NO. <p style="text-align: center;">444</p>	20b. DATE REC'D BY LOCAL REGISTRAR <p style="text-align: center;">10-6-54</p>	20c. REGISTRAR'S SIGNATURE <p style="text-align: center;">Elizabeth S. Hustmyre</p>			

STATE OF TEXAS

Orange

County of _____

I HEREBY CERTIFY that the above certificate is a true and accurate copy of the record of birth of _____

KAREN SUE BOEHME

filed in my office, and is of record on

Page 444 Vol. 17 of the Records of Births of Orange County, Texas

Witness my hand and seal of office this 22nd day of June 19 84

By Deborah Teja Deputy Clerk Mavis McClure REGISTRAR Orange County, Texas.