

Dist. No. 200

Serial No. 252494025385

CERTIFICATE OF BIRTH

BIRTH NO. 147-

55 15093
Mig Mrs
Merrillville
Ind
464

1. CHILD'S NAME
 a. (First) Linda
 b. (Middle) Kate
 c. (Last) Cottrell

2. PLACE OF BIRTH
 a. COUNTY Kanawha
 b. CITY (if outside corporate limits) OR TOWN Charleston
 c. FULL NAME OF (if notified) HOSPITAL OR INSTITUTION Francis Hospital

3. USUAL RESIDENCE OF MOTHER (if more than one residence listed)
 a. COUNTY W. Va.
 b. CITY (if outside corporate limits) OR TOWN Charleston
 c. STREET ADDRESS (if rural, give location) 310 1/2 Cleveland St.

4. SEX
 a. THIS BIRTH
 Male Female
 Single Twin Triplet
 1st 2nd 3rd

5. DATE OF BIRTH
 (Month) (Day) (Year)
5 9 52

FATHER OF CHILD

7. FULL NAME
 a. (First) Robert
 b. (Middle) Lee
 c. (Last) Cottrell

8. COLOR OR RACE White

9. AGE (At time of this birth) 18 YEARS

10. BIRTHPLACE (State or foreign country) W. Va.

11. USUAL OCCUPATION the Lake Scamaw U.S. Navy

12. KIND OF BUSINESS OR INDUSTRY REC

MOTHER OF CHILD

12. FULL MAIDEN NAME
 a. (First) Lora
 b. (Middle) mae
 c. (Last) Smith

13. COLOR OR RACE White

14. AGE (At time of this birth) 15 YEARS

15. BIRTHPLACE (State or foreign country) W. Va.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include stillborn children)
 a. How many OTHER children are now living? 0
 b. How many OTHER children were born alive but are now dead? 0
 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Mother

18a. SIGNATURE [Signature]

18b. ATTENDANT AT BIRTH
 M.D. D.O. Midwife Other (Specify) _____

18c. ADDRESS 714 [Address]

18d. DATE SIGNED 5/9/52

19. DATE Rec'd by Local Rec. 5-19-'52

20. REGISTRAR'S SIGNATURE Mrs. [Signature]

21. DATE ON WHICH GIVEN NAME ADDED BY _____ (Registrar)

APR 5 - 2 47 PM '54
 STATE OF WEST VIRGINIA
 LAKE COUNTY
 FILED FOR RECORD

I hereby certify that the above is a true photo-static (photographic) copy of a record filed with the Division of Vital Statistics, West Virginia State Department of Health, Charleston, West Virginia.

Witness my hand and seal this second day of December, 1976.

N. H. Dyer
 N. H. Dyer, M. D., M. P. H., State Registrar