

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



dgn-2060672-1-1



10987909

### CERTIFICATE OF LIVE BIRTH STATE OF MISSISSIPPI

Federal Security Agency  
Public Health Service

STATE FILE NUMBER **123-**  
REGISTRAR'S NUMBER **240-583-53**

53 06830

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER <small>(Where Does Mother Live?)</small>	
a. County <u>Harrison</u>		a. State <u>Mississippi</u>	
b. City or Town <u>Biloxi</u> Inside or Outside Corporate Limits? <u>Inside</u>		b. County <u>Harrison</u> <small>(If outside corporate limits, write RURAL)</small>	
c. Hospital <u>USAF Hospital</u> or Street and No. <u>Keesler AFB, Miss.</u>		c. City or Town <u>Biloxi</u>	
d. (Write "RURAL" if not in Town) <u>AT</u> or Rural Precinct		d. If Rural Give Location	
3. CHILD'S NAME <small>(Type or Print)</small>			
a. (First) <u>DONALD</u>		b. (Middle) <u>RICHARD</u>	
c. (Last) <u>LANDING</u>		5-5	
4. Sex or Birth			
a. Boy or Girl? <u>Boy</u>	b. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	c. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	d. DATE OF BIRTH (Month) (Day) (Year) <u>February 27 1953</u>
FATHER OF CHILD			
7. FULL NAME		8. COLOR OR RACE	
a. (First) <u>Billie</u>	b. (Middle) <u>Brooks</u>	c. (Last) <u>Landing</u>	d. <u>White</u>
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Virginia</u>	11a. USUAL OCCUPATION <u>USAF - A/3C</u>	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME		13. COLOR OR RACE	
a. (First) <u>Lois</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Taylor</u>	d. <u>White</u>
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Virginia</u>	16. Mother's Mailing Address for Registration Notice <u>Everbreeze Trailer Park, West Beach, Biloxi, Miss.</u>	
17. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
a. How many OTHER children are now living? <u>0</u>	b. How many OTHER children were born alive but are now dead? <u>0</u>	c. How many children were still born (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMATION GIVEN BY <u>Mother</u>			
I hereby certify that this child was born alive on the date stated above.		18a. SIGNATURE <u>Charles A. Stingley, M.D.</u>	
18b. ADDRESS <u>USAF Hospital, Keesler AFB, Miss.</u>		18c. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
19. DATE REC'D BY LOCAL HEALTH DEPT. <u>March 5, 1953</u>		18d. DATE SIGNED <u>3 March 1953</u>	
20. REGISTRAR'S SIGNATURE <u>Judy Moulder</u>		21. DATE ON WHICH GIVEN NAME ADDED (Registrar)	
FOR MEDICAL AND HEALTH USE ONLY <small>(This section MUST be filled out)</small>			
22a. LENGTH OF PREGNANCY <u>40</u> WEEKS	22b. WEIGHT AT BIRTH <u>5 LB. 11 1/4 OZ.</u>	23. IS MOTHER NARRICED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	The above Record is correct. <u>Judy Moulder</u> Signature of Mother

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

*Judy Moulder*  
Judy Moulder  
STATE REGISTRAR

FILE NAME: 195300683000  
DATE ISSUED: NOVEMBER 1, 2013

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**VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW**

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.