

CERTIFIED COPY OF RECORD OF BIRTH

I, Archie Lee Gray, M. D., State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of Birth of the person named therein. The original being on file in this office.

Given at Jackson, Mississippi, over my signature and under the official seal of my office this the

28th day of August, 1960.

ARCHIE LEE GRAY, M. D.

State Registrar

G. E. Stewart
Deputy State Registrar

STATE OF MISSISSIPPI
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
STATE FILE NUMBER 123-
REGISTRAR'S NUMBER 40-883-8

06830

CERTIFICATE OF LIVE BIRTH
STATE OF MISSISSIPPI

1. PLACE OF BIRTH
a. County Harrison
b. City or Town Biloxi
c. Hospital USAL Hospital
d. Write "RURAL" if not in town or precinct.

2. USUAL RESIDENCE OF MOTHER (where does mother live?)
a. State Mississippi
b. County Harrison
c. City or Town Biloxi
d. Give Location

3. CHILD'S NAME (Copy of First)
a. (First) DONALD
b. (Middle) RICHARD
c. (Last) LANDING

4. Sex of Child
a. Male BOY
b. Female GIRL

5. DATE OF BIRTH
a. (Month) February
b. (Day) 27
c. (Year) 1960

6. FATHER OF CHILD
a. (First) Billie
b. (Middle) Brooks
c. (Last) Landing
d. (State of Origin) Virginia

7. MOTHER OF CHILD
a. (First) Lois
b. (Middle) Ann
c. (Last) Taylor
d. (State of Origin) Mississippi

8. AGE (At time of this birth)
a. (Years) 19

9. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do not include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children are now living? 0

10. SIGNATURE OF REGISTRAR
I hereby certify that this child was born alive on the date stated above.
Archie Lee Gray, M.D.
STATE REGISTRAR OF VITAL STATISTICS
USAL HOSPITAL, Keesler, Miss.

11. SIGNATURE OF MOTHER
Charles A. Dickey, M.D.
USAL HOSPITAL, Keesler, Miss.

12. SIGNATURE OF FATHER
Archie Lee Gray, M.D.
USAL HOSPITAL, Keesler, Miss.

13. COLOR OR RACE White

14. KIND OF BUSINESS OR INDUSTRY

15. INFORMATION GIVEN BY Mother

16. DATE BORN March 1963

17. DATE ON WHICH GIVEN NAME ADDED

18. ATTENDANT AT BIRTH
M.D. MIDWIFE OTHER

19. WEIGHT AT BIRTH
a. (Pounds) 5
b. (Ounces) 11

20. LENGTH OF BIRTH
a. (Inches) 19
b. (Centimeters) 48

21. IS MOTHER MARRIED?
a. Yes b. No

22. SIGNATURE OF REGISTRAR
Archie Lee Gray, M.D.

*applicant will hand carry original
document*