

STATE OF UTAH
CERTIFICATE OF LIVE BIRTH

State File No. 808
Registrar's No. 792-F

1. PLACE OF BIRTH: *Wahvies*
 (a) County.....
 (b) City or town.....
 (c) Name of hospital or institution: *Wahvies Hospital*
 (If not in hospital or institution give street number or location)
 (d) Mother's stay before delivery: *1 day*
 In hospital or institution: *1 day* In this community: *28 yrs*
 (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER: *463*
 (a) State: *Utah*
 (b) County: *Wahvies*
 (c) City or town: *Wahvies*
 (If outside city or town limits write RURAL)
 (d) Street No.: *507 Wash Ave*
 (If rural give location)

3. Full name of child: *Annett Miller*
 (Leave blank if child has not been named)

4. Date of birth: *Aug 2 1940*
 (month) (day) (year)

5. Sex: *Female*
 6. Twin or Triplet: *No*
 If so—born 1st, 2nd or 3rd.....
 7. Number months of pregnancy: *9*
 8. Is mother married: *Yes*

FATHER OF CHILD
 9. Full name: *Elmer Alma Miller*
 10. Color or race: *W*
 11. Age at time of birth: *28 yrs*
 12. Birthplace: *Salt Lake City UT*
 (City, town, or county) (State or foreign country)
 13. Usual occupation: *Salesman*
 14. Industry or business: *Food Warehouse*

MOTHER OF CHILD
 15. Full maiden name: *Valerie Bradshaw*
 16. Color or race: *W*
 17. Age at time of this birth: *25 yrs*
 18. Birthplace: *Ogden Utah*
 (City, town, or county) (State or foreign country)
 19. Usual occupation: *Housewife*
 20. Industry or business: *Home*
 21. Children born to this mother: *3*
 (a) How many other children of this mother are now living? *2*
 (b) How many other children were born alive but are now dead? *0*
 (c) How many children were born dead? *0*

22. Mother's mailing address for registration notice:
507 Wash Ave
Ogden UT

23. I hereby certify that I attended the birth of this child who was born alive at the hour of *6:20* m. on the date above stated and that the information given was furnished by *E. A. Miller* related to this child as *Father*

24. Date received by local registrar: *AUG 10 1940*
 25. Registrar's own signature: *W. S. Miller*
 26. Given name added from supplemental report: *None*

Attendant's own signature: *[Signature]*
 M. D., midwife, or other: *[Signature]* Date signed: *8/3/40*
 Address: *Ogden UT*

STATE OF UTAH)
COUNTY OF SALT LAKE) ss

FEB 15 1962

THE FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL
CERTIFICATE ON FILE IN THE UTAH STATE DEPT. OF HEALTH.

John W. Wright
DIRECTOR, DIVISION OF VITAL STATISTICS

✓ Annett Garrison

783-9819

REQUESTED BY
Annett Garrison
IN OFFICIAL RECORDS OF
DOUGLAS CO NEVADA

2002 JUL 30 PM 12: 35

LINDA SLATER
RECORDER

\$14.00 PAID K2 DEPUTY

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BK 0702 PG 09581