

AARON CRAWFORD  
 1352 VICTORIA DR.  
 GARDNERVILLE, NV 89460

DOC # 0683066  
 08/25/2006 11:27 AM Deputy: PK  
**OFFICIAL RECORD**  
 Requested By:  
 AARON CRAWFORD

Douglas County - NV  
 Werner Christen - Recorder  
 Page: 1 Of 1 Fee: 0.00  
 BK-0806 PG- 9768 RPTT: 0.00



THIS IS A PERMANENT RECORD  
 Every item of information must be carefully supplied. Write plainly with unfading black ink or typewriter.

**NEVADA STATE DIVISION OF HEALTH**  
 SECTION OF VITAL STATISTICS

2840

State File No. M-6269

**DELAYED CERTIFICATE OF BIRTH**

Full name at birth Pearl Anthony Date of birth September 11, 1907  
 (Month) (Day) (Year)

Color or race 4/4 Washoe Sex Female Birthplace Gardnerville Douglas Nevada  
 (City or town) (County) (State)

Father: Full name John Anthony Birthplace Nevada  
 (State or country)

Mother: Maiden name Mae Loungbough Birthplace Woodsford, California  
 (State or country)

Affidavit: I hereby declare upon oath that the above statements are true. (To be signed by registrant)

Signature [Signature] Address [Address]

Subscribed and sworn to before me on August 22, 1973  
 (SEAL) ZELDA E. REIMERS [Signature]  
 CLERK OF HEALTH DEPARTMENT (Notary Public)

My Commission Expires 7/19/76 **ABSTRACT OF SUPPORTING EVIDENCE**

Name and kind of document (including by whom issued and signed, and date of issue)	Date of final abstract was made
1. Copy Census Roll of the Carson Valley Indians	April 1, 1934
2. Memorial Obituary for Registrant's Mother, Mae Anthony	March 14, 1963
3. Statement taken from School Records - Nev., Ind. Agency, Stewart, Nev.	1927
4. Certified Copy of Son's Birth Certificate	Sept. 25, 1931

**INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT**

BIRTH DATE OR AGE	BIRTHPLACE	NAME OF FATHER	FULL NAME OF MOTHER
1. Sept. 11, 1907	Not Stated	John Anthony	Mae Anthony
2. Not Stated	Not Stated	John Anthony	Mae Anthony
3. Not Stated	Not Stated	John Anthony	Mae Loungbough
4. Not Stated	Nevada	Not Stated	Not Stated

Additional information.....

I certify that no prior certificate has been found in the Office of the Section of Vital Statistics by this registrant and that documentary evidence has been seen and read by me or by an authorized representative of my office when substantiates the facts set forth in the foregoing abstract.

Signature [Signature] Date filed August 31, 1973  
 (Chief, Section of Vital Statistics)

I hereby certify that this is a true and correct copy of the original record which is on file in the office of the Section of Vital Statistics of the Nevada State Division of Health at Carson City, Nevada.

Date Issued:  
 August 31, 1973

[Signature]  
 JOHN H. CARR, M.D., M.P.H.  
 NEVADA STATE HEALTH OFFICER  
 REGISTRAR OF VITAL STATISTICS  
 BY: [Signature]