

15-

DOC # 0721365
04/14/2008 02:17 PM Deputy: DW
OFFICIAL RECORD
Requested By:
MADELINE-CAROL

Assessor's Parcel Number: _____

Recording Requested By:

Name: MADELINE-CAROL NICHOLS

Address: Chth Boy 4710

City/State/Zip INCLINE VILLOGE, NV 89450

Real Property Transfer Tax: _____

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0408 PG- 3266 RPTT: 0.00



Birth Certificate, State of California
(Title of Document)

DOC # 19199172

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

(STATE OF CALIFORNIA)
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

COPY

District No. 1901 Registrar's No. 16358

FULL NAME OF CHILD Nichols, Madeline Carol		MAIDEN SURNAME OF MOTHER Martin		
2. PLACE OF BIRTH: (A) COUNTY <u>Los Angeles</u> (B) CITY OR TOWN <u>Los Angeles</u> <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small> (C) NAME OF HOSPITAL OR INSTITUTION <u>Queen of Angels Hospital</u> <small>IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION</small> (D) MOTHER'S STAY BEFORE DELIVERED IN HOSPITAL OR INSTITUTION <u>8hr43min.</u> <u>8hr43min.</u>		3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA (B) STATE <u>California</u> <u>10</u> MONTHS DAYS (C) COUNTY <u>Los Angeles</u> <u>10</u> MONTHS DAYS (D) CITY OR TOWN <u>Alhambra</u> <u>2</u> YEARS MONTHS DAYS <small>IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL</small> (E) STREET AND NUMBER <u>753 So. Sierra Vista</u>		
4. SEX <u>Female</u>	5. TWIN OR TRIPLET <u>IF SO—BORN 1ST 2D 3D</u>	6. NUMBER OF MONTHS OF PREGNANCY <u>9</u>	7. DATE OF BIRTH <u>July 22, 1944</u>	
FATHER OF CHILD 8. FULL NAME <u>Nichols, Joseph Abe</u> 9. COLOR OR RACE <u>White</u> 10. AGE AT TIME OF THIS BIRTH <u>27</u> YEARS 11. LENGTH OF RESIDENCE IN CALIFORNIA <u>27</u> YEARS 12. BIRTHPLACE <u>Los Angeles, California</u> 13. USUAL OCCUPATION <u>Mechanic, Metal Man</u> 14. INDUSTRY OR BUSINESS <u>Self</u>		MOTHER OF CHILD 15. FULL MAIDEN NAME <u>Martin, Estella Lenore</u> 16. COLOR OR RACE <u>White</u> 17. AGE AT TIME OF THIS BIRTH <u>25</u> YEARS 18. BIRTHPLACE <u>Manhattan, Montana</u> 19. USUAL OCCUPATION <u>Housewife</u> 20. INDUSTRY OR BUSINESS <u>Own Home</u>		
21. CHILDREN BORN TO THIS MOTHER: (A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? <u>1</u> (B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <u>0</u> (C) HOW MANY CHILDREN WERE BORN DEAD? <u>0</u>		22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: <u>753 So. Sierra Vista</u> <u>Alhambra</u> <u>California</u>		
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOME OF <u>5:45 P.M.</u> ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY <u>Mrs. Joseph A. Nichols</u> <u>Mother</u>				
24. DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 1 1944</u>		ATTENDANT'S OWN SIGNATURE <u>Samuel M. Martin</u> M.D., MIDWIFE OR OTHER <u>M.D.</u> DATE SIGNED <u>7/27/44</u>		
25. REGISTRAR'S SIGNATURE <u>Dean C. Logan</u> 26. GIVEN NAME ADDED <u>by R.H.</u>		Address <u>325 S. Alvarado, L.A.</u>		
27. (A) PREGNANCY, COMPLICATIONS OF: <u>None</u> (B) LABOR, COMPLICATIONS OF: <u>None</u> (C) WAS THERE AN OPERATION FOR DELIVERY? <u>Yes</u> STATE ALL OPERATIONS: <u>Med-lat. Episiotomy</u> (D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? <u>Yes</u> IF YES, STATE DRUG: <u>AgNo5 1%</u>		(E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? <u>No</u> DESCRIBE: BIRTH INJURY? <u>No</u> DESCRIBE: (F) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? <u>Yes</u> IF SO, AT WHAT PERIOD OF GESTATION? <u>1st trimester</u> MO. IF NOT, WHY NOT?		
STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH		CERTIFICATE OF LIVE BIRTH		U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS



This is to certify that this document is a true copy of the original record filed with the Registrar-Recorder/County Clerk.

For Credit to: Department of the Treasury
 Credit to the Account of: "NICHOLS, MADELINE C.", I.D. #551-74-7988
 U.S.P. Service Mail tracking number: RR 791 983 521 US
 Private Exemption Account Number: 351477988
 Certificate of Birth Number: 1901-16358
 5th day of April, A. D. 2008
 All Rights reserved
 Claim No. 08-7153037810 9199172*

By Dean C. Logan
 Acting Registrar-Recorder/County Clerk

BK- 0408
 PG- 3267
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RECORDED 1189