

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

STATE OF TEXAS

BIRTH NO.

1. PLACE OF BIRTH a. COUNTY DALLAS		1. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE TEXAS b. COUNTY DALLAS	
b. CITY (If outside corporate limits, write RAIL and give precinct no.) DALLAS		c. CITY (If outside corporate limits, write RAIL and give precinct no.) OR TOWN DALLAS	
c. FULL NAME OF HOSPITAL OR INSTITUTION FLORENCE NIGHTINGALE HOSPITAL		d. STREET ADDRESS (If rural, give location) 6006 TREMONT	
3. CHILD'S NAME (Type or print) a. (First) Bronwyn b. (Middle) (none) c. (Last) Rees			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLE <input type="checkbox"/>	5b. IF TWIN OR TRIPLE (Write child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. LEGITIMATE? <input checked="" type="checkbox"/> 7. DATE OF BIRTH 9/13/57
FATHER OF CHILD			
8. FULL NAME a. (First) EDWARD b. (Middle) CHARLES c. (Last) REES		9. COLOR OR RACE WHITE	
10. AGE (As time of this birth) 42 YEARS	11. BIRTHPLACE (State or foreign country) OHIO	12a. USUAL OCCUPATION WATER CONSULTANT	12b. KIND OF BUSINESS OR INDUSTRY CHEMICAL ENGINEER
MOTHER OF CHILD			
13. FULL MAIDEN NAME a. (First) BONNIE b. (Middle) DANE c. (Last) GILMORE		14. COLOR OR RACE WHITE	
15. AGE (As time of this birth) 34 YEARS	16. BIRTHPLACE (State or foreign country) TEXAS	17a. USUAL OCCUPATION HOUSEWIFE	17b. KIND OF BUSINESS OR INDUSTRY HOME
18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now liv- ing? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many OTHER children were still born (born dead after 28 weeks pregnancy)? 0		19a. INFORMANT <i>E. C. Rees</i> 19b. ADDRESS 6006 TREMONT, DALLAS, TEXAS	
20. I hereby certify that I attended the birth of this child who was born alive on the date stated above at 12:28 PM .			
21a. ATTENDING PHYSICIAN'S SIGNATURE <i>E. C. Rees</i>		21b. ATTENDING AT BIRTH a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> OTHER <input type="checkbox"/>	
21c. ATTENDING PHYSICIAN'S ADDRESS 3707 Skelton, Dallas, TEXAS		21d. DATE SIGNED 18 Sept 57	
22a. REGISTRAR'S FILE NO. 15-676	22b. DATE REC'D BY LOCAL REGISTRAR SEP 21 1957	22c. REGISTRAR'S SIGNATURE <i>J. W. Bass</i>	

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

WHEN IMPRESSED WITH THE SEAL OF THE CITY OF DALLAS,
THIS IS CERTIFIED TO BE A TRUE COPY OF THE PERMANENT
RECORD AS FILED IN THE BUREAU OF VITAL STATISTICS.

ISSUED: NOV - 9 1942

Johnnie P. Willis

LOCAL REGISTRAR
DALLAS HEALTH DEPARTMENT-

WHEN IMPRESSED WITH THE SEAL OF THE CITY OF FORT WORTH,
THIS IS CERTIFIED TO BE A TRUE COPY OF THE PERMANENT
RECORD AS FILED IN THE BUREAU OF VITAL STATISTICS.

ISSUED: **MAY 22 1987**

Suzaldine R. Harris
LOCAL REGISTRAR

STATE OF TEXAS		CERTIFICATE OF BIRTH		BIRTH NO.	
1. PLACE OF BIRTH a. COUNTY		Tarrant		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Texas, b. COUNTY Tarrant	
b. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth		c. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth		d. STREET ADDRESS (If rural, give location) 4900 James Ave.	
e. NAME OF (If not in hospital, give street address) Harris Hospital		d. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME (Type or Print) Glenn Edward		[a] First [b] Middle DIXON		4. DATE OF BIRTH January 7, 1961	
5. SEX Male		6a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/>		6b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
7. NAME (Type or Print) George Wesley		[a] First [b] Middle Dixon		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 YEARS		10. BIRTHPLACE (State or foreign country) Iowa		11a. USUAL OCCUPATION Student	
12. MAIDEN NAME (Type or Print) Mildred Ann		[a] First [b] Middle Peterson		11b. KIND OF BUSINESS OR INDUSTRY Baptist Seminary	
14. AGE (At time of this birth) 25 YEARS		15. BIRTHPLACE (State or foreign country) North Carolina		13. COLOR OR RACE White	
13. INFORMANT Mrs. George W. Dixon (Mother)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER [Do NOT include this child] None		17. How many OTHER children were born alive but are now dead? None	
18. I hereby certify that this child was born alive on the date stated above		19a. ATTENDANT'S SIGNATURE <i>[Signature]</i>		19b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/>	
20. REGISTRAR'S FILE NO. 238		21. REGISTRAR'S SIGNATURE <i>[Signature]</i>		19c. DATE SIGNED 1-16-61	

