

RAY BLANTON GOVERNOR

STATE OF TENNESSEE DEPARTMENT OF PUBLIC HEALTH NASHVILLE 37219

Wendell Lourgen

DEC. 5, 1978

Eugene W. Fowinkle, M.D., M.P.H.
Commissioner

I hereby certify the below to be a true and correct copy of the official document on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and red imprinted signature of the State Registrar are affixed.

EUGENE W. FOWINKLE, M.D.

Commissioner

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	11			CEPTICIO	CATE	OF THE DI	The based or the			
	CERTIFICATE OF LIVE BIRTH									
i.	DEPARTMENT OF PUBLIC HEALTH - STATE OF TENNESSEE - DIVISION OF VITAL STATISTICS									
1		引言引言					NO. 141-	59-84	1032	
	1, NAME OF CHI	D Ra	andall	Eugene		Buchanan	NO. L TI	200	TOOL	
	2. SEX	International contraction of the	FIRST	MIDDLE	•	LAST)	The same of the sa	100	
,	SB. IF TWIN OR TRIPLET THIS CHILD DODY.									
t	Male SINGLE X TWIN TRIPLET IST 2ND					- J L.	OF BIRTH NO	Wember 26	1050	
ed O						6. USUAL RESIDENC	OF MOTHER CAME	LE DOES MOTHER L	1777	
SERVIC	C. CITY OR	MATTIVALI	W. C.	A. STATE Tenn.		livan C. CIVIL				
\$0 50	I See F	Kingsport		D. INSIDE CITY LIMITS?		D. CITY OR	20.000	F. INSIDE CITY L	IMITS?	
FALT	E. NAME OF (IF NOT IN HOSPITAL, GIVE STREET ADDRESS OR LOCATION)				NO L	Town Kingspo			10 X	
2	Holston Valley Community					F. STREET ADDRESS	G. IS RF	SIDENCE ON A F	ARM?	
81.	FATHER OF CHILD									
5	7. FULL	FIRS	T	MIDDLE	TIMER OF	LAST				
tu	NAME	Phill	ip	Eugene	H = NONE II		COLOR	. 12		
T. A.	9. AGE (At time of th	is birth) 10.	BIRTHPLACE	(State or Foreign Cou	intry) 11A.	Buchanan USUAL OCCUPATION	118. KIN	"CE White		
WE	21	YEARS Vi	rginia		411			LESS OR INDU		
CNA	MOTHER OF CHILD King Fress, Inc.									
MAIDEN FIRST MIDDLE LAST							Commission of the Control of the Con			
110	14. AGE (At time of	Trula		Rhea		Hicks		R I I I		
EDUCA		St. = -		(State or Foreign Cour	ntry) 16A.	USUAL OCCUPATION	16B. KINL	NESS OR INDU		
	17. PREVIOUS DE	ILIPOTES	nnessee		H	ousewife	00	SINES OR INDU		
HEALTH	TO THIS MOTH	(FP	A. HOW M.	CHILDREN	B. HOW	MANY OTHER DREN WERE BORN	c. HOW	FETAL DEATH	57	
. 11	18. MOTHER'S	Zellenger and State of State o	MRE NO	W LIVING?]	ALIV	E BUT ARE NOW DEAD?	(BORE EA	PREGNANCY)	0	
0	MAILING ADDRESS D. L. O									
DEPARTMENT	The state of the s	A. I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE								
RIM	19. SIGNATURE	NAME () ()								
EPA		B. ADDRESS M.D. D.O. WIFE (SPECIFY)								
1	STANGEN AND THE PROPERTY OF TH	Kingsr	ort, Ten	messee			التحال المناها	DATE SIGNED		
	20A. REGISTRATIO	N DISTRICT	208. DATE RE	CEIVED BY LOCA	L 20c. RE	GISTRAR'S SIGNATURE	NAME OF THE PARTY			
	282	11	3-3-	60	0.70	1. E m	50 1	71.	17	
-	of the D. M. D. Mary, W.P.									
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