

# MINNESOTA

## IDENTIFICATION CARD NOT A DRIVER'S LICENSE



DELORES JULAYNE DANIELS  
701 HOLLEY AVE  
ST PAUL PARK, MN 55071

Date of Birth 04-12-1996

Sex	Eyes	Class
F	BRN	ID

Height	Weight	Donor
5-4	160	DONOR

ISSUED 06-2016

EXPIRES 04-12-2020

728011873547

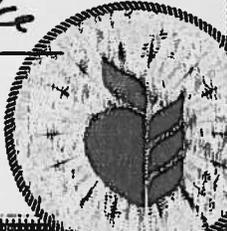
North Dakota Department of Health  
 Bismarck, North Dakota  
*Certification of Birth*

THIS IS TO CERTIFY THAT THERE IS ON RECORD IN THE DIVISION OF VITAL RECORDS, NORTH DAKOTA DEPARTMENT OF HEALTH, BISMARCK ND, THE FOLLOWING ENTRY OF BIRTH:

<b>NAME:</b>	<u>DELORES JU LAYNE DANIELS</u>
<b>BIRTH PLACE:</b>	<u>FARGO, NORTH DAKOTA</u>
<b>DATE OF BIRTH:</b>	<u>APRIL 12, 1995</u>
<b>SEX:</b>	<u>FEMALE</u>
<b>FATHER'S NAME:</b>	<u>CHRISTOPHER ROBIN MATTHEWS</u>
<b>MOTHER'S MAIDEN NAME:</b>	<u>ANGELA CELESTE DANIELS</u>
<b>FILING DATE:</b>	<u>APRIL 19, 1995</u>
<b>CERTIFICATE NUMBER:</b>	<u>133-95-002439</u>
<b>DATE ISSUED:</b>	<u>JULY 06, 2017</u>

*D. J. Meschke*

Darin J. Meschke  
 State Registrar of Vital Statistics



This certificate is issued in compliance with the laws of the State of North Dakota  
 (NOT VALID without raised impression seal of the North Dakota Department of Health)