

MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



EDWARD HUNTER BELINA
1140 3RD ST
ST PAUL PARK, MN 55071

Date of Birth 01-09-1999 AGE 18 01-09-2017

Sex Eyes Class
M BLU ID-

Height Weight
6-2 120

ISSUED 08-2017 EXPIRES 01-09-2020

B072024523109

Edward Belina



CLARK: ID ONLY

01-00-1000

ENDORSEMENTS: NONE

RESTRICTIONS: NONE



321665 9

MINNESOTA DEPARTMENT OF HEALTH
SECTION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS, SEE HANDBOOK

1. CHILD'S NAME (First) **Edward** (Middle) **Hunter** (Last) **Belina**

2. DATE OF BIRTH (Month, Day, Year) **January 9, 1999** 3. TIME OF BIRTH **11:11 P**

4. SEX **Male** 5. PLURALITY (Specify) **Single** 6. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify)

8. CITY OR TOWNSHIP OF BIRTH **St. Paul** 9. PLACE OF BIRTH (Specify) **Hospital** 7. COUNTY OF BIRTH **Ramsey**

10. FACILITY NAME (If not institution, give street & number) **United Hospital**

11. I certify that I attended the birth of this child who was born alive at the place and on the date stated.

Signature *Peggy A. Sullivan Murtaugh* 12. DATE SIGNED (Month, Day, Year) **1/19/99**

13. ATTENDANT'S NAME AND TITLE (Type or Print) **Peggy A. Sullivan Murtaugh M.D.** 14. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City, State, Zip Code) **8611 W. Point Douglas Road Cottage Grove, MN 55016**

15. REGISTRAR'S SIGNATURE *Sharon L. Knapp* 16. DATE FILED BY REGISTRAR (Month, Day, Year) **JAN 21 1999**

17a. MOTHER'S PRESENT NAME (First, Middle, Last) **Sara Ilene Belina** 17b. MAIDEN SURNAME **Lodden**

18. MOTHER'S DATE OF BIRTH (Month, Day, Year) **October 21, 1971** 19. MOTHER'S BIRTHPLACE (State or Foreign Country) **Minnesota** 20a. RESIDENCE OF MOTHER STATE **Minnesota**

20b. COUNTY **Washington** 20c. CITY OR TOWNSHIP **St. Paul Park** 20d. STREET AND NUMBER **1140 3rd ST.**

20e. INSIDE CITY LIMITS (Yes or No) **Yes** 21. MOTHER'S MAILING ADDRESS (If same as residence, enter ZIP only) **55071**

22. FATHER'S NAME (First, Middle, Last) **Charles Michael Belina**

23. FATHER'S DATE OF BIRTH (Month, Day, Year) **June 22, 1955** 24. FATHER'S BIRTHPLACE (State or Foreign Country) **Minnesota**

25. I certify that the information on this certificate is correct to the best of my knowledge and belief.

Signature of parent *[Signature]*

DO PARENTS WANT SOCIAL SECURITY NUMBER FOR CHILD? YES NO

THIS SPACE RESERVED FOR USE OF REGISTRAR

STATE OF MINNESOTA
RAMSEY COUNTY

I hereby certify that the above is a true and correct copy of the record on file with the Vital Statistics Registry of Saint Paul - Ramsey County Department of Public Health, City of Saint Paul, Minnesota.

(Signed) *Sharon L. Knapp* this 2nd day of February 1999
Deputy Registrar, Vital Statistics

NOT VALID WITHOUT IMPRESSED SEAL