

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

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STATE FILE NUMBER

LOCAL FILE NUMBER

1. CHILD'S NAME (First) (Middle) (Last) Hailey Marie Thole	2. DATE OF BIRTH (Month, Day, Year) February 6, 1999	3. TIME OF BIRTH 02:37 A M	
4. SEX Female	5. PLURALITY (Specify) Single	6. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify)	
7. COUNTY OF BIRTH Ramsey	8. PLACE OF BIRTH (Specify) Hospital		
9. CITY OR TOWNSHIP OF BIRTH St. Paul			
10. FACILITY NAME (If not institution, give street & number) Regions 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 <i>Edith Ziegler</i> Edith Ziegler CNM			12. DATE SIGNED (Month, Day, Year) 2-22-99
13. ATTENDANT'S NAME AND TITLE (Type or Print) Edith Ziegler CNM			14. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number) 640 Jackson Street St. Paul, MN 55101-2595
15. REGISTRAR'S SIGNATURE <i>Andrea X Meyer, Deputy</i>			16. DATE FILED BY REGISTRAR (Month, Day, Year) MAR 01 1999
17a. MOTHER'S PRESENT NAME (First, Middle, Last) Richelle Marie Thole			17b. MAIDEN SURNAME Thole
18. MOTHER'S DATE OF BIRTH (Month, Day, Year) April 2, 1979			19. MOTHER'S BIRTHPLACE (State or Foreign Country) Minnesota
20a. COUNTY Washington			20b. RESIDENCE OF MOTHER STATE Minnesota
20c. CITY OR TOWNSHIP Cottage Grove			20d. STREET AND NUMBER 8602 Jewel Ave S.
20e. INSIDE CITY LIMITS (Yes or No) Yes			21. MOTHER'S MAILING ADDRESS (If same as residence, enter ZIP only) 55016
22. FATHER'S NAME (First, Middle, Last)			23. FATHER'S BIRTHPLACE (State or Foreign Country)
23. FATHER'S DATE OF BIRTH (Month, Day, Year)			24. FATHER'S BIRTHPLACE (State or Foreign Country)
25. I certify that the information on this certificate is correct to the best of my knowledge and belief.			Signature of parent

FOR INSTRUCTIONS, SEE HANDBOOK
NUMBER FOR CHILD? YES NO

THIS SPACE RESERVED FOR USE OF REGISTRAR