I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY MADE OF THE ORIGINAL CERTIFICATE ON FILE IN THIS OFFICE IN ACCORDANCE WITH THE LAW OF IOWA REQUIRING FILING OF VITAL RECORDS. THIS RECORD IS NOT VALID IF THIS PHOTO-COPY HAS BEEN ALTERED OR IF IT DOES NOT BEAR THE RAISED SEAL OF THE DEPARTMENT OF HEALTH.

Carson E. Whitlow
CARSON E. WHITLOW, CHIEF
DIVISION OF RECORDS & STATISTICS

Norman L. Pawlewski
NORMAN L. PAWLEWSKI
STATE REGISTRAR

DATE NOV 5 76

IOWA STATE DEPARTMENT OF HEALTH
Division of Vital Statistics

CERTIFICATE OF LIVE BIRTH
STATE OF IOWA

Birth No. 114- 50-001939

1. PLACE OF BIRTH — a. County: Jones; b. City (If outside corporate limits, write RURAL and give township) or Town: Rural Monticello; c. Full Name of (If NOT in hospital or institution, give street address or location) Hospital or Institution: John McDonald Rd
2. USUAL RESIDENCE OF MOTHER (Where does mother live?) — a. State: Iowa; b. County: Jones; c. City (If outside corporate limits, write RURAL and give township) or Town: Monticello; d. Street Address (If rural, give location): East Oak
3. CHILD'S NAME (Type or print): a. (First) Donald; b. (Middle) Eugene; c. (Last) Waas
4. Sex: M
5a. This Birth: Single [X] Twin [ ] Triplet [ ]
5b. If Twin or Triplet (This child born) 1st [ ] 2nd [ ] 3rd [ ]
6. Date of Birth (Month) (Day) (Year) (Hour): January 2 1950 10 a.m.

FATHER OF CHILD

7. FULL NAME: a. (First) Alvin; b. (Middle) Henry; c. (Last) Haas
8. Color or Race: W
9. Age (At time of this birth): 24 Years
10. Birthplace (State or foreign country): Earlville Iowa
11a. Usual Occupation: Trucker
11b. Kind of Business or Industry: cattle buying

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Pearl; b. (Middle) Carmine; c. (Last) Brokaw
13. Color or Race: W
14. Age (At time of this birth): 19 Years
15. Birthplace (State or foreign country): Monticello Iowa
16. Children Previously Born to This Mother (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT: Mrs Pearl Haas

I hereby certify that this child was born alive on the date stated above.

18a. ATTENDANT'S SIGNATURE: Robert L. Myers, M.D.
18b. Attendant at Birth: M.D. [X] D.O. [ ] OTHER (Specify)
18c. Address: Monticello, Ia.
18d. Date Signed: 1/3/50
19. Date Rec'd by Local Reg.: Feb 3-1950
20. REGISTRAR'S SIGNATURE: Ray Echtenacht- 957
21. Date on Which Given Named Added by (Registrar)

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. 5701
Primary Reg. Dist. No. 5701
Registrar's No. 11326
Birth No. 134

1. PLACE OF BIRTH — a. COUNTY: MONTGOMERY; b. CITY OR VILLAGE: DAYTON; c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Good Samaritan
2. USUAL RESIDENCE OF MOTHER (Where does mother live?) — a. STATE: OHIO; b. COUNTY: MONTGOMERY; c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE: Vandalia; d. STREET (If rural, give location) ADDRESS: 127 Tuscora Dr
3. CHILD'S NAME (TYPE OR PRINT): a. (First) Sandra; b. (Middle) Lucille; c. (Last) Leavitt
4. SEX: Fem.
5a. THIS BIRTH: Single [X] Twin [ ] Triplet [ ]
5b. IF TWIN OR TRIPLET (This child born) 1st [ ] 2nd [ ] 3rd [ ]
6. DATE OF BIRTH (Month) (Day) (Year): NOV 7, 1951

FATHER OF CHILD

7. FULL NAME: a. (First) James; b. (Middle) Gaylord; c. (Last) Leavitt
8. COLOR OR RACE: WHITE
9. AGE (At time of this birth): 27 YEARS
10. BIRTHPLACE (State or foreign country): DAYTON OHIO
11a. USUAL OCCUPATION: Inspector
11b. KIND OF BUSINESS OR INDUSTRY: Dairy Products

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Neal; b. (Middle) Jean; c. (Last) Kennard
13. COLOR OR RACE: WHITE
14. AGE (At time of this birth): 24 YEARS
15. BIRTHPLACE (State or foreign country): Richwood, OHIO
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 16 weeks pregnancy)? 0
17. INFORMANT'S NAME OR SIGNATURE: Neal Jean Leavitt

I hereby certify that this child was born alive on the date above stated at 7:31 A.M.

18a. SIGNATURE: L.O. Frederick
18b. ADDRESS: 501 Third Nat'l Bldg
18c. SPECIFY M.D., D.O., OR OTHER: M.D.
18d. DATE SIGNED: NOV 7 1951
19. DATE REC'D BY LOCAL REG.: NOV 12 1951
20. REGISTRAR'S SIGNATURE: [illegible]
21. DATE SEROLOGIC TEST FOR SYPHILIS: June 51

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND COMPLETE PHOTOGRAPHIC REPRODUCTION OF THE CERTIFICATE ON FILE IN THE OFFICE OF THE MONTGOMERY COUNTY COMBINED GENERAL HEALTH DISTRICT, DAYTON, OHIO.

DATE: Nov 12 1951
LOCAL REGISTRAR: Leland Ehret

FILE No. 312-1938
RECORDING FEE $ 5.00
TRANSFER FEE $

FILED FOR RECORD THE 28 DAY OF February, 19 90 AT 1:08 O'CLOCK P M. BOOK 1 PAGE 210

STATE OF IOWA, DELAWARE COUNTY
Joan Sheppard, Recorder
By Misc., Deputy

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. 57 5704 — Primary Reg. Dist. No. — Registrar's No. 1991 — Birth No. 134

CHILD—NAME: Matthew Clarke HAAS			DATE OF BIRTH (Month, Day, Year): March 25, 1975		HOUR: 12:08 P.M.
SEX: Boy	THIS BIRTH (Single, twin, triplet): Single	IF NOT SINGLE BIRTH (Born first, second, third, etc.):	COUNTY OF BIRTH: Montgomery		
CITY, VILLAGE, OR LOCATION OF BIRTH: KETTERING 45429	INSIDE CITY LIMITS: Yes	HOSPITAL—NAME (If not in hospital, give street and number): KETTERING MEMORIAL HOSPITAL			
MOTHER—MAIDEN NAME: Sandra Lucille GRAVITT			AGE (At time of this birth): 23	STATE OF BIRTH (If not in U.S.A., name country): Ohio	
RESIDENCE—STATE: Ohio	COUNTY: Greene	CITY, VILLAGE, OR LOCATION: W.P.A.F.B. 45433	INSIDE CITY LIMITS: No	STREET AND NUMBER: 33 Quince St.	
FATHER—NAME: Donald Eugene HAAS			AGE (At time of this birth): 25	STATE OF BIRTH (If not in U.S.A., name country): Iowa	
INFORMANT'S NAME OR SIGNATURE: Sandra L. Haas				RELATION TO CHILD: mother	
I certify that the above stated was born alive at the place and time and on the date stated. SIGNATURE: Joseph W. Woods		DATE SIGNED: 3/25/75		ATTENDANT—M.D., D.O., midwife, other (specify): M. D.	
CERTIFIER—NAME (Type or Print): Joseph W. Woods, M. D.		MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip): 5767 Far Hills Ave., Dayton, Ohio 45459			
REGISTRAR—SIGNATURE: Sylvia Conrad			DATE RECEIVED BY LOCAL REGISTRAR: MAR 28 1975		

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND COMPLETE PHOTOGRAPHIC REPRODUCTION OF THE CERTIFICATE ON FILE IN THE OFFICE OF THE MONTGOMERY COUNTY COMBINED GENERAL HEALTH DISTRICT, DAYTON, OHIO.

Mar 28 1975 — DATE — Sylvia Conrad — LOCAL REGISTRAR

STATE OF IOWA — JOHNSON COUNTY

Certification of Birth Registration

This is to certify that according to records on file in this office, that

Danielle Lynne Haas
(Full Name of Child at Birth)

Sex Female was born October 15, 1977
(Mo. Day, Year)

at Iowa City (Town or City) Johnson County, Iowa

Name of Father Donald Eugene Haas

Maiden Name of Mother Sandra Lucille Gravitt

Date of filing November 17, 1977
(Month, Day, Year)

In witness whereof, the seal of the Clerk of District Court of Johnson County, State of Iowa, has been affixed hereto this 23 day of November, 19 77

Book 29, Page 585

E.J. Wombacher
County Registrar and Clerk of District Court

(SEAL) Mary Conklin
By Deputy Clerk

If this is a Certificate of Delayed Registration, the evidence used to establish this record is indicated on the reverse side.

Warning: This certification is not valid if it has been altered in any way whatsoever, or if it does not bear the raised seal of the said clerk's office.

FILE No. 312-1939 — RECORDING FEE $ 5.00 — TRANSFER FEE $

FILED FOR RECORD THE 28 DAY OF February 19 90 AT 1:09 O'CLOCK P M. BOOK 1 PAGE 211

STATE OF IOWA, DELAWARE COUNTY — Joan Sheppard, Recorder — By Misc., Deputy

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. 57
Primary Reg. Dist. No. 5704
Registrar's No. 7523
Birth No. 134 –

1. CHILD–NAME (First, Middle, Last)	Shannon Nicole HAAS	2. SEX	Girl	3a. DATE OF BIRTH (Month, Day, Year)	September 20, 1979
3b. HOUR	12:06 AM	4a. HOSPITAL–NAME (If not in hospital, give street and number)	KETTERING MEDICAL CENTER	4b. CITY, VILLAGE OR LOCATION OF BIRTH	KETTERING 45429
4c. COUNTY OF BIRTH	Montgomery	5a. REGISTRAR–SIGNATURE	Sylvia Chriot	5b. DATE RECEIVED BY LOCAL REGISTRAR	SEP 28 1979
6a. I certify that the above named child was born alive at the place and time and on the date stated above. SIGNATURE ATTENDANT–NAME (Type or Print)	Joseph Woods, M. D.	6b. DATE SIGNED	9/20/79	6c. ATTENDANT–M.D., D.O., midwife, other (Specify)	M.D.
6d. MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip)	180 Loop Rd., Centerville, Ohio 45459	7a. MOTHER–MAIDEN NAME (First, Middle, Last)	Sandra L (I.O.) GRAVITT	7b. AGE (At time of this birth)	27
7c. STATE OF BIRTH (If not in U.S.A., name country)	Ohio	8a. RESIDENCE–STATE	Ohio	8b. COUNTY	Montgomery
8c. CITY, VILLAGE OR LOCATION	Moraine	8d. STREET AND NUMBER OF RESIDENCE	3055 Dorf Drive	8e. INSIDE CITY LIMITS (Specify yes or no)	yes
9. MOTHER'S MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip) (If same as above, enter Zip Code only)	45418	10a. FATHER–NAME (First, Middle, Last)	Donald E. (F.O.) HAAS	10b. AGE (At time of this birth)	29
10c. STATE OF BIRTH (If not in U.S.A., name country)	Iowa	11a. INFORMANT'S NAME OR SIGNATURE	Donald E. Haas	11b. RELATION TO CHILD	father

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND COMPLETE PHOTOGRAPHIC REPRODUCTION OF THE CERTIFICATE ON FILE IN THE OFFICE OF THE MONTGOMERY COUNTY COMBINED GENERAL HEALTH DISTRICT, DAYTON, OHIO.

Oct 22 1979
DATE

Sylvia Chriot
LOCAL REGISTRAR

OT M
E IN MARGIN
RVED FOR
DATA CODING

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. 57
Primary Reg. Dist. No. 5704
Registrar's No. 2171
Birth No. 134 –

1. CHILD–NAME (First, Middle, Last)	Stephanie Anne HAAS	2. SEX	Girl	3a. DATE OF BIRTH (Month, Day, Year)	March 22, 1982
3b. HOUR	3:21 PM	4a. HOSPITAL–NAME (If not in hospital, give street and number)	KETTERING MEDICAL CENTER	4b. CITY, VILLAGE OR LOCATION OF BIRTH	KETTERING 45429
4c. COUNTY OF BIRTH	Montgomery	5a. REGISTRAR–SIGNATURE	Barbara Brigner	5b. DATE RECEIVED BY LOCAL REGISTRAR	MAR 26 1982
6a. I certify that the above named child was born alive at the place and time and on the date stated above. SIGNATURE ATTENDANT–NAME (Type or Print)	William M. Sherk, M.D.	6b. DATE SIGNED	MAR 23 82	6c. ATTENDANT–M.D., D.O., midwife, other (Specify)	M.D.
6d. MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip)	80 Loop Rd., Centerville, Ohio 45459	7a. MOTHER–MAIDEN NAME (First, Middle, Last)	Sandra Lucille GRAVITT	7b. AGE (At time of this birth)	30
7c. STATE OF BIRTH (If not in U.S.A., name country)	Ohio	8a. RESIDENCE–STATE	Ohio	8b. COUNTY	Montgomery
8c. CITY, VILLAGE OR LOCATION	Moraine	8d. STREET AND NUMBER OF RESIDENCE	3055 Dorf Drive	8e. INSIDE CITY LIMITS (Specify yes or no)	yes
9. MOTHER'S MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip) (If same as above, enter Zip Code only)	Dayton 45418	10a. FATHER–NAME (First, Middle, Last)	Donald Eugene HAAS	10b. AGE (At time of this birth)	32
10c. STATE OF BIRTH (If not in U.S.A., name country)	Iowa	11a. INFORMANT'S NAME OR SIGNATURE	Donald E. Haas	11b. RELATION TO CHILD	father

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND COMPLETE PHOTOGRAPHIC REPRODUCTION OF THE CERTIFICATE ON FILE IN THE OFFICE OF THE COMBINED HEALTH DISTRICT OF MONTGOMERY COUNTY, DAYTON, OHIO.

5/2/87

THIS CERTIFICATE IS NOT VALID
UNLESS SEALED BY LOCAL REGISTRAR