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 photocopy has been altered or does not bear the raised seal of the Department of Public Health.

MAR 31 1994

David J. Fries
Deputy State Registrar

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH

91-23996

114-

CERTIFICATE OF LIVE BIRTH

TYPE OR PRINT IN PERMANENT BLACK INK

CHILD

1. CHILD'S NAME — FIRST: HEATHER — MIDDLE: LEIGH — LAST: REMPT
2. SEX: Female
3a. DATE OF BIRTH (Mo., Day, Yr.): August 21, 1991
3b. HOUR OF BIRTH: 4:32 A M.
4a. COUNTY OF BIRTH: Delaware
4b. FACILITY NAME (If not institution, give street and number): Delaware County Memorial Hospital
4c. CITY, TOWN, OR LOCATION OF BIRTH: Manchester
4d. INSIDE CITY LIMITS (Specify yes or no): yes
4e. PLACE OF BIRTH: [X] Hospital [ ] Freestanding Birthing Center [ ] Clinic/Doctor's Office [ ] Residence [ ] Other (Specify)

FOR INSTRUCTIONS SEE HANDBOOK

CERTIFIER

I certify that this child was born alive at the place and time and on the date stated.
5a. (Signature) ▶ /s/ R. Ried Boom, M.D.
5b. DATE SIGNED (Mo., Day, Yr.): 8/22/91
CERTIFIER'S NAME AND TITLE (Type/Print)
5c. NAME: R. Ried Boom, M.D.
[X] M.D. [ ] D.O. [ ] Hospital Admin. [ ] C.N.M. [ ] Other Midwife
[ ] Other (Specify)
CERTIFIER'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5d. Manchester, Iowa 52057

ATTENDANT

ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print)
6a. NAME
[ ] M.D. [ ] D.O. [ ] C.N.M. [ ] Other Midwife
[ ] Other (Specify)
ATTENDANT'S MAILING ADDRESS (If other than certifier) (Street and Number or Rural Route Number, City or Town, State, Zip Code)
6b.

REGISTRAR

REGISTRAR
7a. (Signature) ▶ /s/ David J. Fries
7b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): September 12, 1991

MOTHER

8a. MOTHER'S NAME — FIRST: Kandice — MIDDLE: Marie — MAIDEN: Rempt
8b. DATE OF BIRTH (Mo., Day, Yr.): 8/27/73
8c. BIRTHPLACE (State or Foreign Country): Indiana
9a. RESIDENCE-STATE: Iowa
9b. COUNTY: Delaware
9c. CITY, TOWN OR LOCATION: Manchester
9d. STREET AND NUMBER OF RESIDENCE: RR 3, box 254B
9e. INSIDE CITY LIMITS (Specify yes or no): no
10. MOTHER'S MAILING ADDRESS (If same as above, enter Zip Code only): 52057

FATHER

11a. FATHER'S NAME — FIRST: David — MIDDLE: Eugene — LAST: Meader
11b. DATE OF BIRTH (Mo., Day, Yr.): 5/8/67
11c. BIRTHPLACE (State or Foreign Country): Iowa

INFORMANT

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.
12a. (Signature of Parent or other informant) ▶ Mother
12b. RELATION TO CHILD

VES NO

FILE No. 28-3144
RECORDING FEE $ 6.00
TRANSFER FEE $

FILED FOR RECORD THE 18 DAY OF April, 19 94 AT 8:43 O'CLOCK A. M. BOOK 4 PAGE 222

STATE OF IOWA, DELAWARE COUNTY
Deborah L. Peyton, Recorder
Misc.