I hereby Certify that the reverse side 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 it has been altered or does not bear the raised seal of the Department of Public Health.

JUL 12 1994

David J. Fries
Deputy State Registrar

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

114- 87-028496
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

CHILD

1. CHILD NAME — FIRST: Tristan — MIDDLE: Henry — LAST: Rempt
2. SEX: Male
3a. DATE OF BIRTH (Mo., Day, Yr.): October 1, 1987
3b. HOUR: 1027 A. M.
4a. HOSPITAL: Delaware County Memorial Hospital
4b. CITY, TOWN OR LOCATION OF BIRTH: Manchester
4c. COUNTY OF BIRTH: Delaware

CERTIFIER

I certify that the stated information concerning this child is true to the best of my knowledge and belief
5a. (Signature): R. Rue Boom MD
5b. DATE SIGNED (Mo., Day, Yr.): 10-4-87
5c. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)
5d. CERTIFIER NAME AND TITLE (Type or print): R. R. Boom, M.D.
5e. MAILING ADDRESS (Street or R F D No., City or Town, State, Zip): Manchester, IA 52057

6a. REGISTRAR (Signature): Carson E. Whitlow
6b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): OCT 19 1987

MOTHER

7a. MOTHER MAIDEN NAME — FIRST: Vanessa — MIDDLE: Rae — LAST: Rempt
7b. AGE (At time of this birth): 21
7c. STATE OF BIRTH (If not in U.S.A., name country): Germany
8a. RESIDENCE STATE: Iowa
8b. COUNTY: Delaware
8c. CITY, TOWN OR LOCATION: Manchester
8d. STREET AND NUMBER OF RESIDENCE: 115 Lundland Drive
8e. INSIDE CITY LIMITS (Specify yes or no): Yes
9. MOTHER'S MAILING ADDRESS (If same as above, enter Zip Code only): 52057

FATHER

10a. FATHER NAME — FIRST — MIDDLE — LAST
10b. AGE (At time of this birth)
10c. STATE OF BIRTH (If not in U.S.A., name country)

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief
11a. (Signature of Parent or other informant): Vanessa Rae Rempt
11b. RELATION TO CHILD: Mother

59
1628

FILE No. 51-120
RECORDING FEE $ 6.00
TRANSFER FEE $

FILED FOR RECORD THE 12 DAY OF July, 1994 AT 10:26 O'CLOCK A M. BOOK 5 PAGE 25

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