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 07 1994

David J. Fries
Deputy State Registrar

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

114- 89 027269

TYPE OR PRINT IN PERMANENT BLACK INK

CHILD

1. CHILD'S NAME: FIRST Jana; MIDDLE Rae; LAST REMPT
2. SEX: Female
3a. DATE OF BIRTH (Mo., Day, Yr.): September 22, 1989
3b. HOUR OF BIRTH: 4:36 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, IA 52057
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) R Rae Boom MD
5b. DATE SIGNED (Mo., Day, Yr.): 9-23-89
5c. CERTIFIER'S NAME AND TITLE (Type/Print): R. R. 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): 613 W. Main
5d. Manchester, IA 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

7a. (Signature) Robert V Knight
7b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): OCT 04 1989

MOTHER

8a. MOTHER'S NAME: FIRST Vanessa; MIDDLE Rae; MAIDEN Rempt
8b. DATE OF BIRTH (Mo., Day, Yr.): 2-28-66
8c. BIRTHPLACE (State or Foreign Country): Germany
9a. RESIDENCE-STATE: Iowa
9b. COUNTY: Delaware
9c. CITY, TOWN OR LOCATION: Manchester
9d. STREET AND NUMBER OF RESIDENCE: 313 River Street
9e. INSIDE CITY LIMITS (Specify yes or no): Yes
10. MOTHER'S MAILING ADDRESS (If same as above, enter Zip Code only): 52057

FATHER

11a. FATHER'S NAME: FIRST; MIDDLE; LAST
11b. DATE OF BIRTH (Mo., Day, Yr.):
11c. BIRTHPLACE (State or Foreign Country):

INFORMANT

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

FILE No. 51-121
RECORDING FEE $ 6.00
TRANSFER FEE $

FILED FOR RECORD THE 12 DAY OF July, 19 94 AT 10:27 O'CLOCK A M. BOOK 5 PAGE 26

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