FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

Certification of Birth

This is to certify that according to records on file in this Office

Judy Norene RINARD

Sex Female *was born at* Frankfurt/Main, Hesse, Germany

on July 31, 1963 *Report of birth recorded on* February 24, 1964

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of the Consular Service of the United States of America at Frankfurt/Main, Germany

this 24th *day of* February 1964.

(SEAL)

DP Matthews

Vice Consul *of the United States of America*

WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of issuance.

REPORT OF CHILD BORN ABROAD OF AMERICAN PARENT(S)

Rapport de Naissance d'un Enfant né à l'Etranger de Parents Américains

(USAREUR Cir 40-345)

I HEREBY CERTIFY THAT / *Je soussigné(e) certifie que* JUDY NORENE RINARD (Full name of child / *nom et prénoms de l'enfant*) Female (Sex / *sexe*)

WAS BORN AT / *est né à* 1330 (Hours / *heure*) ON / *le* 31 Jul 63 (Date / *date*) WEIGHT / *poids* 7 lbs 4 oz AT / *à* US Army Hosp. Frankfurt/Main, Germany (Place of birth in full / *lieu de naissance, ville, province, pays*)

The following information has been furnished by father and/or mother:
Les renseignements ci-dessous ont été donnés par le père et (ou) mère

PLACE OF MARRIAGE / *Lieu de mariage*	DATE OF MARRIAGE / *Date de mariage*	NO. OF LIVE BIRTHS, THIS MARRIAGE / *Nombre d'enfants vivants issus de ce mariage*
Winterset, Iowa	20 Jun 53	5

FATHER / *Père*

FULL NAME / *Nom et prénoms*	RELIGION / *Religion*
DUANE REVERE RINARD	Protestant

OCCUPATION / *Emploi*	RANK / *Grade*	PRESENT UNIT / *Affectation actuelle*
US Soldier	Sfc	B Co, 2 MTB, 32 Armor, APO 39

BIRTHPLACE / *Lieu de naissance*	BIRTHDATE / *Date de naissance*
Winterset, Iowa	19 Dec 31

IF FOREIGN BORN, NATURALIZED AND REGISTERED AS AMERICAN CITIZEN / *Si né à l'étranger, naturalisé et enregistré citoyen américain*	PLACE OF REGISTRY / *lieu de l'enregistrement*	DATE OF REGISTRY / *Date de l'enregistrement*
☐ YES *Oui* ☐ NO *Non*		

PASSPORT NUMBER / *Numéro de passeport*	ISSUED BY / *Délivré par*	ISSUE DATE / *Délivré le*	EXPIRATION DATE / *Expire le*

PRESENT RESIDENCE ADDRESS / *Domicile actuel*
Wetzlar, Germany

PRECISE PERIODS AND PLACES OF RESIDENCE SINCE BIRTH (Use reverse side if necessary) / *Domiciles depuis la naissance et dates exactes de leur durée (utiliser le verso s'il y a lieu)*
1931 - 48 Iowa
1948 - US Army

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RECORDER
MADISON COUNTY, IOWA
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MOTHER / *Mère*

FULL NAME / *Nom et prénoms*	RELIGION / *Religion*
MAE NORENE RINARD (VANDEWATER)	Protestant

OCCUPATION / *Emploi*	RANK / *Grade*	PRESENT UNIT / *Affectation actuelle*
N/A	N/A	N/A

BIRTHPLACE / *Lieu de naissance*	BIRTHDATE / *Date de naissance*
Greenfield, Iowa	13 Sept 32

IF FOREIGN BORN, NATURALIZED AND REGISTERED AS AMERICAN CITIZEN / *Si né à l'étranger, naturalisé et enregistré citoyen américain*	PLACE OF REGISTRY / *Lieu de l'enregistrement*	DATE OF REGISTRY / *Date de l'enregistrement*
☐ YES *Oui* ☐ NO *Non*		

PASSPORT NUMBER / *Numéro de passeport*	ISSUED BY / *Délivré par*	ISSUE DATE / *Délivré le*	EXPIRATION DATE / *Expire le*
C 658366	Department of State, USA	13 Jul 62	13 Jul 65

PRESENT RESIDENCE ADDRESS / *Domicile actuel*
Wetzlar, Germany

PRECISE PERIODS AND PLACES OF RESIDENCE SINCE BIRTH (Use reverse side if necessary) / *Domiciles depuis la naissance et dates exactes de leur durée (utiliser le verso s'il y a lieu)*
1932 - 53 Iowa
1953 - US Army/Dep

REGISTRAR / *Officier dressant le rapport*: HENRY E. LORD, LT COL, MSC (Signature / *signature*) (Rank / *grade*) (Corps / *corps*)

ATTENDING PHYSICIAN / *Médecin assistant à la naissance*: KARL H. EMDE, MD (Signature / *signature*) (Rank / *grade*) (Med Corps / *unité médicale*)

FORM 240 MTSC REC 37

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