

FILED NO. 2652

BOOK 41 PAGE 387

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MICHELLE UTSLER  
RECORDER  
MADISON COUNTY, IOWA

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TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

00500687

STATE OF IOWA  
IOWA DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATE OF LIVE BIRTH  
88-022781

CHILD-NAME		FIRST	MIDDLE	LAST
1. PATRICIA		JEAN	WELCH	
2. SEX	DATE OF BIRTH (Mo., Day, Yr.)		HOUR	
FEMALE	AUGUST 2, 1988		7:32 P.M.	
3. HOSPITAL		CITY, TOWN OR LOCATION OF BIRTH		COUNTY OF BIRTH
IOWA METHODIST MEDICAL CENTER		DES MOINES		POLK
4. CERTIFIER (Signature)		DATE SIGNED (Mo., Day, Yr.)	NAME AND TITLE OF ATTENDANT AT BIRTH (If other than certifier (Type & print))	
LARRY LINDELL, M.D.		8/9/88		
5. REGISTRAR (Signature)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
LARRY LINDELL, M.D.		1212 PLEASANT 50309		
6. MOTHER-MAIDEN NAME (FIRST, MIDDLE, LAST)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
JOAN ELLOUISE GORDON		FILED AUG 30 1988		
7. RESIDENCE - STATE		CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (Specify)
IOWA	MADISON	WINTERSET		
8. FATHER - NAME (FIRST, MIDDLE, LAST)		AGE (At time of this birth)		STATE OF BIRTH (If not in U.S.A., name country)
PAUL DEAN WELCH		40		IOWA
9. MOTHER'S MAILING ADDRESS (If same as above, enter Zip Code only)		STREET AND NUMBER OF RESIDENCE		INSIDE CITY LIMITS (Specify)
50273		RR #3, BOX 58		
10. (Signature of Parent or other informant)		RELATION TO CHILD		
Joan Welch		Mother		

FILED  
AUG 30 1988  
1661

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.

