STATE OF LOUISIANA

CERTIFICATE OF LIVE BIRTH

Birth No. 117 60 031 840

1a. Child's Last Name: Read	1b. First Name: Shannon	1c. Second Name: Ciel	2a. Date of Birth: June 24, 1960
3. Sex: Boy	4. This Birth: Single X	If twin or triplet, was child born: 1st ☐ 2d ☐ 3d ☐	5b. Hour of Birth:
6a. Place of Birth (City, Town or Location): Franklin			6b. Parish of Birth: St. Mary
6c. Name of Hospital or Institution: Franklin Foundation Hospital			6d. Is Place of Birth Inside City Limits? Yes ☐ No ☐
7a. Usual Residence of Mother: Franklin	7b. Parish: St. Mary		7c. State: Louisiana
7d. Street Address: 1114½ Iberia Street			7e. Is Residence Inside City Limits? Yes X No ☐
8a. Full Name of Father: Donald Wayne Read	8b. City and State of Birth: Winterset, Iowa	8c. Age at Time of This Birth: 23	8d. Color or Race of Father: White
9a. Full Maiden Name of Mother: Anna Bell Mahana	9b. City and State of Birth: Pasadena, Texas	9c. Age at Time of This Birth: 17	9d. Color or Race of Mother: White
10. I certify that the above stated information is true and correct to the best of my knowledge	10. Signature of Parent or Other Informant: Donald Wayne Read — Parent X Other ☐		**********
11. Mother's Mailing Address: Route 1, Box 88, St. Charles, Iowa			
12. I certify that I attended this birth and that the child was born alive on the date stated above	13. Signature of Attendant: C. J. Schexnaider, Jr.		14. Date of Signature: 6/25/60
15. Date Accepted by Local Registrar: 7/15/60	16. Signature of Person Who Stated: Anthony Cascio		17. Date Filed by State Registrar: 7/19/60

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(This Section MUST be Filled Out for Each Birth)

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF A CERTIFICATE DULY REGISTERED WITH THE LOUISIANA STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS.

Lamar K. Hidrine M.D. — STATE HEALTH OFFICER

Anthony Cascio — STATE REGISTRAR

NOV 21 1972

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1981 AUG 28 AM 11:22

MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA
Fee $3.00

STATE OF LOUISIANA

CERTIFICATE OF LIVE BIRTH

Birth No. 117 59 006 701

1a. Child's Last Name: Read	1b. First Name: Dennis	1c. Second Name: John	2a. Date of Birth: Feb. 7, 1959
3. Sex: Boy	4. This Birth: Single X	If twin or triplet, was child born: 1st ☐ 2d ☐ 3d ☐	5b. Hour of Birth:
6a. Place of Birth (City, Town or Location): Lafayette			6b. Parish of Birth: Lafayette
6c. Name of Hospital or Institution: Lafayette Charity Hospital			6d. Is Place of Birth Inside City Limits? Yes ☐ No ☐
7a. Usual Residence of Mother: Franklin	7b. Parish: St. Mary		7c. State: Louisiana
7d. Street Address: Post Office Box 409			7e. Is Residence Inside City Limits? Yes X No ☐
8a. Full Name of Father: Donald Wayne Read	8b. City and State of Birth: Winterset, Iowa	8c. Age at Time of This Birth: 22	8d. Color or Race of Father: White
9a. Full Maiden Name of Mother: Anna Bell Mahana	9b. City and State of Birth: Pasadena, Texas	9c. Age at Time of This Birth: 16	9d. Color or Race of Mother: White
10. I certify that the above stated information is true and correct to the best of my knowledge	10. Signature of Parent or Other Informant: Donald Wayne Read — Parent X Other ☐		**********
11. Mother's Mailing Address: Route 1, Box 88, St. Charles, Iowa			
12. I certify that I attended this birth and that the child was born alive on the date stated above	13. Signature of Attendant: B. J. Fusilier		14. Date of Signature: 2/7/59
15. Date Accepted by Local Registrar: 2/19/59	16. Signature of Person Who Stated: Anthony Cascio		17. Date Filed by State Registrar: 2/23/59

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Lamar K. Hidrine M.D. — STATE HEALTH OFFICER

Anthony Cascio — STATE REGISTRAR

NOV 21 1972

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MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA