State St	
	# 23 (LLOS-033-33/ STATE OF IDAHO
	STATE OF IDAHO
Ħ	RECEIVED PARTMENT OF PUBLIC WELFARE
A.	County of All All Control of the State of th
***	City of Academia BUREAU OF VITAGERTIFICATE OF BIRTH
Z B	City of Acres 125/7/
RKCOUD be made for	No. St. Registration District No. 100 State File No. 135671
ENT must	1
S 2 2	Hospital Princery Registration DistricTNo Local Recisivar's No.
22.5	FULL NAME OF CHILD CENTY GENERAL Dung
	(Certificate of no value without full name of child)
Man and a	San of Twin) (Number Paste of F7
FEE	Child Triplet arother?
₹ ₩	(Month) (Day) (Year)
2 ·	What a ctericidal solution was used in eyes a fall of 272
E7.5	
뿔돯등	Number of child of this mother, including present birth
7 <u>**</u> <u>=</u>	FULL MOTHER AND FAIDEN
E = 2	Henry C. Blunk MAME HERSWIG Stanto
	RESIDENCE (A)
24 €	Mexima Wexterns
# 4 5 F 22	COLOR AGENTLAST ETT COLOR O + FEE AT LAST CE
PEA Chile	Wate BIRTHDAY (Years) White BIRTHDAY (Years)
ETE	BIRTHPLACE BIRTHPLACE
	Jermany Jehnstand
E sã	OCCUPATION CONTRACTOR OCCUPATION
F	The state of the s
F 6.	CERTIFICATE/OF ATTENDING PHYSICIAN OR MIDWIFE (Born alive)
To de	I hereby certify that I attended the birth of this child, who was Sellworn at
4	on the date above stated.
E g	When there was no niteading physician or midwife then the father householder (Signature)
	or midwife, then the father, householder, etc., should make this return. A stillborn
	child is one that neither breathes nor
WRITE In on	shows other evidence of life after birth. Give names added from a supplemental report.
—	Address / Address / Address
p.	10/2 1-1 10/6.
	Registrar. Registrar.
2	megistrat.

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the Bureau of Vital Statistics under Title 39, Idaho Code State of Idaho) County of Ada) State Registrar of Vital Statistics JUL 2 4 1985 Date issued