

## CERTIFICATION OF VITAL RECORD

## CITY OF AUSTIN

FILE NO.: 081075-1979

NAME: SUNSHINE BROOK HARWELL

DATE OF BIRTH: 03-01-1979

SEX: FEMALE

PLACE OF BIRTH: KENDALL COUNTY, TEXAS

FATHER: HAROLD ANDREW HARWELL JR.

MOTHER: KERRY COLLEEN NEWBOLD

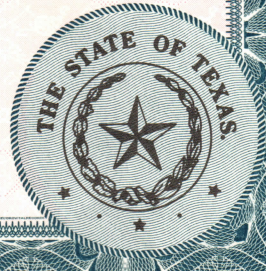
DATE FILED: 05-08-1979

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I hereby certify that this abstract of birth facts has been provided to this office by the Texas Department of Health, Bureau of Vital Statistics, from a document officially in its custody.

01-02-2002  
DATE ISSUEDRaguel Moreno  
Local Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



STATE OF TEXAS		CERTIFICATE OF BIRTH		BIRTH NO.	
Texas Department of Health - BUREAU OF VITAL STATISTICS	CHILD	1. PLACE OF BIRTH a. COUNTY Kendall		2. USUAL RESIDENCE OF MOTHER [Where does mother live?] a. STATE Texas b. COUNTY Kendall	
		b. CITY OR TOWN [If outside city limits, give precinct no.] Precinct 3		c. CITY OR TOWN-[If outside city limits, give precinct no.] Pct. 3- Edge Falls Ranch	
		c. NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION Star Route-Kendalia, Texas		d. STREET ADDRESS [If rural, give location] Star Route Kendalia, Texas.	
		d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> f. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	FATHER	3. NAME [Type or Print] [a] First Sunshine [b] Middle Brook [c] Last Harwell		4. DATE OF BIRTH March 1, 1979	
		5. SEX Female		6a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 6b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
	MOTHER	7. NAME [a] First Harold [b] Middle Andrew [c] Last Harwell, Jr.		8. COLOR OR RACE White (Anglo)	
		9. AGE [At time of this birth] 32 YEARS		10. BIRTHPLACE [State or foreign country] USA (Texas)	
	11a. USUAL OCCUPATION Contractor		11b. KIND OF BUSINESS OR INDUSTRY Construction		
	12. MAIDEN NAME [a] First Kerry [b] Middle Colleen [c] Last Newbold		13. COLOR OR RACE White		
14. AGE [At time of this birth] 25 YEARS		15. BIRTHPLACE [State or foreign country] USA (Texas)			
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER [Do NOT include this child] a. How many OTHER children are now living? 2 b. How many OTHER children were born alive but are now dead? 0 c. How many children were born dead [fetal deaths after 20 weeks pregnancy]? 0		17. INFORMANT Harold Andrew Harwell, Jr.			
18. I hereby certify that this child was born alive on the date stated above at 7:05 p.m.		19a. ATTENDANT'S SIGNATURE None			
19b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/>		19c. ATTENDANT'S ADDRESS			
20a. REGISTRAR'S FILE NO. 9002		20b. DATE REC'D BY LOCAL REGISTRAR March 5, 1979			
20c. REGISTRAR'S SIGNATURE [Signature]		20d. DATE SIGNED March 5, 1979			

FOR MEDICAL AND HEALTH USE ONLY (This Section MUST be filled out)

21. LENGTH OF PREGNANCY 42 COMPLETED WEEKS	22. WEIGHT AT BIRTH 7 LB. 14 OZ.	23. WAS EYE PROPHYLAXIS USED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	24. WAS SEROLOGIC TEST MADE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
25. WAS PRENATAL CARE GIVEN? IF YES, CIRCLE MONTH OF PREGNANCY OF FIRST VISIT FOR PRENATAL CARE. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 0 2 3 04 5 6 7 8 9 10			
26. CONGENITAL OR OTHER ABNORMALITY? IF YES, DESCRIBE. NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>			

VS-111, Rev. 8/77