

**STATE OF INDIANA
SECRETARY OF STATE**

APOSTILLE (Convention de La Haye du 5 octobre 1961)	
1. Country: Pays / País:	United States of America
This public document Le présent acte public / El presente documento público	
2. has been signed by a été signé par / ha sido firmado por	Larry K. Ervin
3. acting in the capacity of agissant en qualité de / quien actúa en calidad de	State Registrar
4. bears the seal / stamp of est revêtu du sceau / timbre de y está revestido del sello / timbre de	Indiana Department of Health
CERTIFIED Attesté / Certificado	
5. at à / en	Indianapolis, IN
6. this day le / el día	January 21, 2026
7. by par / por	Secretary of State, State of Indiana
8. N° sous n° / bajo el número	[REDACTED]
9. Seal / Stamp: Sceau / timbre: Sello / timbre:	10. Signature: Signature: Firma: <i>Diego Morales</i> Diego Morales



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**INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
CERTIFICATE OF BIRTH**

222

No. [REDACTED]

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	[REDACTED]	a. STATE	[REDACTED]
b. CITY (If outside corporate limits, write RURAL)	[REDACTED]	c. CITY (If outside corporate limits, write RURAL)	[REDACTED]
c. FULL NAME OF HOSPITAL OR INSTITUTION	[REDACTED]	d. STREET ADDRESS	[REDACTED]

3. CHILD'S NAME (Type or print)		[REDACTED]	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH
Male	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	Month: 7 Day: 13 Year: 1951

FATHER OF CHILD		13. COLOR OR RACE
7. FULL NAME	[REDACTED]	
8. AGE (At time of this birth)	[REDACTED]	
24 YEARS		

MOTHER OF CHILD		13. COLOR OR RACE
9. FULL MAIDEN NAME	[REDACTED]	
10. AGE (At time of this birth)	[REDACTED]	
26 YEARS		
11. CHILDREN PREVIOUSLY BORN TO THIS MOTHER	[REDACTED]	
a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
0	0	0

I hereby certify that this child was born alive on the date stated above.	18a. [REDACTED]	18b. ATTENDANT AT BIRTH
	18c. [REDACTED]	M.D. <input type="checkbox"/> Midwife <input checked="" type="checkbox"/> OTHER (Specify)
19. DATE RECD BY LOCAL HEALTH OFFICER	20. SIGNATURE OF HEALTH OFFICER	21. DATE ON WHICH GIVEN NAME ADDED
JUL 21 1951	[Signature]	7/15/51



CERTIFICATE
State Form 26217 (R2 / 7-09)

THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

DEC 13 2024

Not valid unless machine signed with multi-colored ribbon. It is unlawful to reproduce this record.

[Signature]
REGISTRAR