

**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS UNIT**

**STATE OF TEXAS**

**CERTIFICATE OF BIRTH**

BIRTH NUMBER [REDACTED]

1. Child's Name First: RYAN Middle: [REDACTED] Last: [REDACTED] Suffix: [REDACTED]			2. Date of Birth (mm/dd/yyyy) [REDACTED]		3. Sex MALE
4a. Place of Birth - County [REDACTED]		4b. City or Town (If outside city limits, give precinct no.) [REDACTED]		5. Time of Birth 12:21 AM	6a. Plurality - Single, 1win, Triplet, etc. SINGLE
7a. Place of birth <input type="checkbox"/> Home Birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Other (Specify):			7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address) HILLCREST BAPTIST MEDICAL CENTER		
8. Informant's Name and Mailing Address [REDACTED] [REDACTED]			9. Certifier - I certify that this child was born alive on the date as stated above  <i>Geraldine R. Harris</i> Signature of State Registrar		
10. Mother's Name Prior to First Marriage First: MEKISHA Middle: JANE Last: WALKER			11. Date of Birth (mm/dd/yyyy) [REDACTED]	12. Birthplace (State, Territory or Foreign Country) [REDACTED]	
13a. Residence - State TEXAS	13b. County HARRIS	13c. City, Town or Location HOUSTON		13d. Street Address or Rural Location [REDACTED]	
13e. Zip Code 77062	13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or:			
15. Father's Name First: [REDACTED] Middle: [REDACTED] Last: [REDACTED] Suffix: [REDACTED]			16. Date of Birth (mm/dd/yyyy) [REDACTED]	17. Birthplace (State, Territory or Foreign Country) TEXAS	
18a. Registrar's File Number 03 0946		18b. File Date 4/29/1998		18c. Name of State Registrar GERALDINE R. HARRIS	

VS-161 Rev. 01/05 Texas Department of State Health Services - Vital Statistics



CFA

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

OCT 09 2009

ISSUED

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

*Geraldine R. Harris*  
GERALDINE R. HARRIS  
STATE REGISTRAR

