20. written evi-~ VIRGINIA DEPARTMENT OF HEALTH 832 BUREAU OF VITAL STATISTICS—RICHMOND, VIRGINIA Be sure it is signed. Place of Birth 4-30-43—35M. State of Virginia CERTIFICATE OF A BIRTH BEFORE JUNE 14, 1912 records? to. City or Street No. or cannot be certified County Post office/00 reason given. 2. Full Soc. Sec of child Number First name Middle name Surname (Maiden name if a married woman) your private Sex of 5. Were parents Date of married to each other? this must see that the Doctor or Notary Public fills it out correctly. fee of one dollar (preferably a bill) must come with this certificate. is not shown or (Month by name (Day) (Year) FATHER OF CHILD MOTHER OF CHILD birth 7. Full 11. Full maiden from Color Color Age at time 13. Age at time of this birth race of this birth Birthplace-State and county 14. Birthplace-State and county load was printed dence the date taken or foreign country. Campbell or foreign country evidence to Certification of Attending Physician, Parent, or an Older Nearby Relative. I hereby certify that the above statements (but not Mailing address of date person signing \_ Married women must not use maiden surname. Only the notary public way witness, if signed by Bible the 16. , Notary Public of City or Co. and State. only if born before the do attest that the above was signed in space 15 in my presence by\_ as be sure of the identity of the date in who declares under oath that the statements made are known to be correct because of relationship as year contains an unaltered record of this birth apparently made A Bible, examined by me, printed in the year. guaranteed if the near the time, reading thus: answer place, and Abstract of other evidence showing date and place of birth form signs Date Attest Public-Write legibly rubber stamp. Use this 1945 My commission expires Address Use attending physician The date cannot be Mailing Registrant's address practical) Sign exactly as accustomed to do at present—for identification and mailing. exact wording written record. DO NOT WRITE BELOW THIS LINE-Evidence submitted confirming facts in foregoing certificate: securing Place of Date of Father's Mother's Date Issued Birth Birth Name Name Document The person Photostat copy of Life May 14,1915 Insurance Application Virginia eb.28,1912 other the 1944 by Markerker Ham 26 Accepted and filed. State Registrar WAR DEPARTMENT Q. M. C. Form No. 14 Revised Oct. 6, 1928

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(See Instructions on Reverse Side)

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