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PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH CERTIFICATE OF LIVE BIRTH

	Registra	tion District No	Prim	ary Registration D	istrict No.		Registr	ar's No.	
VS 100	CHILD- NAME FIRST	MIDDLE	LAST			DATE OF B	IRTH (MONTH.	DAY, YEAR)	HOUR
Rev. 1/68	. Erains		Kenr	edy	•	2a. Octo	ober 20,	1968	311:20Am
CHILD	Female	THIS BIRTH—SINGLE, IN	33.40.20.00.00.00.20.00.00.00.	IF NOT SINGLE BIRTH THIRD, ETC. (SPECIFY) 46.	80RH FIRST	, SECONO,	COUNTY OF BIRTH		
4.	St. Kansas Cit		INSIDE CITY LIMITS I	iospital—name Research	Nosp		ospiiai, give sikeei a		
5. MOTHER	MOTHER-MAIDEN NAME	Monica	WIDOIL	Kennedy	AGE THIS BI 85.	TAT TIME OF	STATE OF BIRTH		, NAME COUNTRY!
MOTHER	residence—state 16. Missouri	Mackson	city, town, or i	2000000000		Yes or NO	STREET AND NUM	ER	
FATHER	FATHER NAME	ritsi	MEDOLE	TS ST	AGE (-	AT TIME OF BEH!	STATE OF BIRTH		, NAME COUNTRY !
CERTIFIER	Po. Monic	The second secon	Kennedy				RELATION TO CHIL Mother		
	1 CERTIFY THAT THE ABOVE NAME STATED ABOVE. 100. SIGNATURE CERTIFIER NAME	nuly	Rodga	N THE BATE DATE SIG	1-17	ONTH, DAY, YE	Itte 1	U-20 -	
	Samuel U. Rodgers				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, 219) 10e. 2701 8 3/11. KCM 64/28 DATE RECEIVED BY LOCAL REGISTRAR				
	REGISTRAR - SIGNATURE	Lin	-honell	Burg	T.		MONTH	19-6	SIRAR

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT (Do not accept if reproduced or if seal impression cannot be felt.)

STATE OF MISSOURI CITY OF JEFFERSON

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the the Missouri Department of Health and Senior Services. Witness my hand as State Registrar of Vital Records and the Seal of permanent records of the Bureau of Vital Records of HEREBY CEM IT I use the Missouri Department of Health ar Services this date of JUL 2 3 2024

Dylan R. Bryant, State Registrar & Chief

