

(1) PLACE OF BIRTH

County of Bay  
Township of St. Mary  
Reg. Date of .....

CERTIFICATE OF BIRTH

STATE OF NEW YORK  
County of St. Mary  
Date of Birth .....

74008

Registration Number No. 1107 Registered No. 1107  
(For use of Local Registrar)

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(2) Full Name of Child Lee George (If child is not yet named, make appropriate report on Form 10)

1. SELF Lee 2. MOTHER Lee 3. FATHER Lee 4. GRANDFATHER Lee 5. GRANDMOTHER Lee

6. OTHER RELATIVES Lee 7. OTHER RELATIVES Lee 8. OTHER RELATIVES Lee 9. OTHER RELATIVES Lee 10. OTHER RELATIVES Lee

CERTIFICATE OF BIRTH

(3) I hereby certify that I attended the birth of this child who was .....

on the date above stated.

(4) (Signature) Lee (Name of Registrar) Lee

(5) (Signature) Lee (Name of Registrar) Lee

(6) (Signature) Lee (Name of Registrar) Lee

(7) (Signature) Lee (Name of Registrar) Lee

(8) (Signature) Lee (Name of Registrar) Lee

(9) (Signature) Lee (Name of Registrar) Lee

(10) (Signature) Lee (Name of Registrar) Lee

(11) (Signature) Lee (Name of Registrar) Lee

(12) (Signature) Lee (Name of Registrar) Lee

(13) (Signature) Lee (Name of Registrar) Lee

(14) (Signature) Lee (Name of Registrar) Lee

(15) (Signature) Lee (Name of Registrar) Lee

(16) (Signature) Lee (Name of Registrar) Lee

(17) (Signature) Lee (Name of Registrar) Lee

(18) (Signature) Lee (Name of Registrar) Lee

(19) (Signature) Lee (Name of Registrar) Lee

(20) (Signature) Lee (Name of Registrar) Lee