

CERTIFICATE OF BIRTH

STATE FILE NUMBER [REDACTED]

FULL NAME

DATE OF BIRTH

TIME

PLURALITY

SEX

PLACE OF BIRTH

PARENT

NAME PRIOR TO  
FIRST MARRIAGE

DATE OF BIRTH

PLACE OF BIRTH

PARENT

DATE OF BIRTH

PLACE OF BIRTH

REGISTRANT'S FIRST NAME AMENDED BY COURT ORDER [REDACTED]  
REGISTRANT'S MIDDLE NAME AMENDED BY COURT ORDER [REDACTED]  
DATA ITEM(S) OTHER THAN THE REGISTRANT'S NAME OR DATE OF BIRTH WAS AMENDED [REDACTED]

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

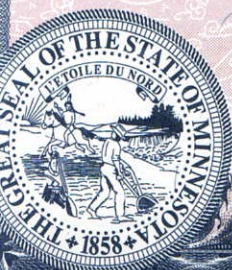
[REDACTED]

[REDACTED]

*Molly Mulcahy Crawford*

Molly Mulcahy Crawford  
STATE REGISTRAR

[REDACTED] MINNESOTA DEPT OF HEALTH



THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.