

United States of America



DEPARTMENT OF STATE


To all to whom these presents shall come, Greetings:

I Certify That the document hereunto annexed is under the Seal of the State(s) of Missouri, and that such Seal(s) is/are entitled to full faith and credit.*

**For the contents of the annexed document, the Department assumes no responsibility
This certificate is not valid if it is removed or altered in any way whatsoever*

In testimony whereof, I, Antony J. Blinken, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this second day of June, 2021.

*Issued pursuant to CHXIV, State of
Sept. 15, 1789, 1 Stat. 68-69; 22
USC 2657; 22USC 2651a; 5 USC
301; 28 USC 1733 et. seq.; 8 USC
1443(f); RULE 44 Federal Rules of
Civil Procedure.*



Secretary of State

By _____
Assistant Authentication Officer,
Department of State

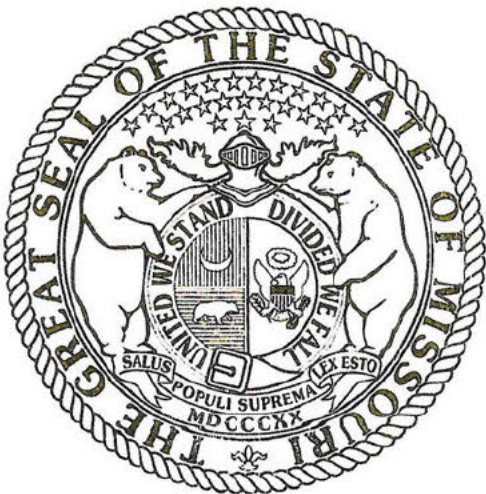
STATE OF MISSOURI

Office of Secretary of State



I, **JOHN R. ASHCROFT**, Secretary of State of the State of Missouri, and Keeper of the Great Seal thereof, hereby certify that **KENNETH J. PALERMO**, whose name is affixed to the annexed certificate was on the 9th day of **MARCH, 2021**, **State Registrar of Vital Statistics** , within and for the Department of Health & Senior Services in the State of Missouri duly commissioned and qualified according to law, and duly authorized according to the laws of said State to grant said Certificate, and that full faith and credit are due his official acts.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 9th day of March, 2021.




Secretary of State

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

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315, RSMo 2004.)



STATE OF MISSOURI }
CITY OF JEFFERSON } ss I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health and Senior Services. Witness my hand as State Registrar of Vital Records and the Seal of the Missouri Department of Health and Senior Services this date of

MAR 09 2021

Kenneth A. Palermo
State Registrar

MO 580-1241 (2-2020)

VS-804B

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH		STANDARD CERTIFICATE OF LIVE BIRTH	
FILED AUG 1966 Registration District No. [REDACTED] Primary Registration District No. [REDACTED]		BIRTH NUMBER [REDACTED]	
1. PLACE OF BIRTH a. COUNTY St. Louis		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis, Missouri Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis 6 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 1632 Carver Lane Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. CHILD'S NAME a. (First) Kelvin b. (Middle) Dewan c. (Last) Dudley			
4. SEX 2 Male <input checked="" type="checkbox"/>		5a. THIS BIRTH 0 SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	
5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF BIRTH (Month) 7 (Day) 16 (Year) 66	
FATHER OF CHILD			
7. FULL NAME a. (First) John b. (Middle) --- c. (Last) Dudley			8. COLOR OR RACE Negro
9. AGE (At time of this birth) 30 YEARS		10. BIRTHPLACE (State or foreign country) Arkansas	
11a. USUAL OCCUPATION Truck Driver		11b. KIND OF BUSINESS OR INDUSTRY Loomis Bro. Equipment	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Cleola b. (Middle) --- c. (Last) Mason			13. COLOR OR RACE Negro
14. AGE (At time of this birth) 33 YEARS		15. BIRTHPLACE (State or foreign country) Arkansas	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
a. How many Other children are now living? 8		b. How many Other children were born alive but are now dead? 0	
c. How many fetal deaths (fetuses born dead at ANY time after conception)? 0			
17. INFORMANT <i>Cleola Dudley</i>			
18a. SIGNATURE OF ATTENDANT <i>[Signature]</i>		19b. ATTENDANTS AT BIRTH 0 M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> OTHER (SPECIFY)	
18c. ADDRESS <i>216 So. Kingshighway</i>		18d. DATE SIGNED 22 July 66	
19. DATE REC'D BY LOCAL REG. JUL 29 1966		20. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
21. MOTHER'S PERMANENT POST OFFICE ADDRESS, INCLUDE ZONE 1632 Carver Lane, St. Louis 6, Missouri			