

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
 SEP 19 2016
 STATE OF TEXAS

142-16-281767
 BIRTH NUMBER

CERTIFICATE OF BIRTH

1. Child's Name First: HARPER, Middle: DELILAH, Last: BENSINGER, Suffix:			2. Date of Birth (mm/dd/yyyy): 09/16/2016	3. Sex: FEMALE
4a. Place of Birth - County: COLLIN	4b. City or Town (If outside city limits, give precinct no.): RICHARDSON	5. Time of Birth: 12:24 PM	6a. Plurality - Single, Twin, Triplet, etc.: TWINS	6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.: FIRST
7a. Place of birth: <input type="checkbox"/> Clinic / Doctor's Office, <input type="checkbox"/> Licensed Birthing Center, <input checked="" type="checkbox"/> Hospital		7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address): METHODIST RICHARDSON MEDICAL CENTER		
7c. Home Birth: (Expected to deliver at home?) <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No		7d. Other (Specify):		
8a. Attendant's Name, NPI, and Mailing Address: CHARLES DOWNEY 2821 E. PRES. GEORGE BUSH HWY, SUITE 300 RICHARDSON, TEXAS 75082		8b. Certifier (certify that this child was born alive at the place and time and on the date as stated): MELODY RAMIREZ Signature and Title: _____ Date Signed: 09/19/2016		
8c. <input checked="" type="checkbox"/> MD, <input type="checkbox"/> DO, <input type="checkbox"/> CNM, <input type="checkbox"/> Midwife, <input type="checkbox"/> Other (Specify):		8d. <input type="checkbox"/> Attendant, <input checked="" type="checkbox"/> Facility Administrator/Designee, <input type="checkbox"/> Other (Specify):		
10. Mother's Name Prior to First Marriage First: CHANEL, Middle: ADRIANNA, Last: WAGNER			11. Date of Birth (mm/dd/yyyy): 07/12/1983	12. Birthplace (State, Territory or Foreign Country): TEXAS
13a. Residence - State: TEXAS	13b. County: COLLIN	13c. City, Town or Location: PLANO	13d. Street Address or Rural Location: 2013 MACAO PL	
13e. Zip Code: 75075	13f. Inside City Limits: <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No	14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or		
15. Father's Name Prior to First Marriage First: DANIEL, Middle: WESLEY, Last: BENSINGER, Suffix:			16. Date of Birth (mm/dd/yyyy): 03/17/1983	17. Birthplace (State, Territory or Foreign Country): INDIANA
18. Signature of State Registrar: <i>[Signature]</i>				

VS-1112 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.



ALA

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

OCT 05 2016

[Signature]
 VICTOR A. FARINELLI
 ACTING STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

