

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
 OCT 21 2013
STATE OF TEXAS

142-13-309230
BIRTH NUMBER

CERTIFICATE OF BIRTH

1. Child's Name First: LAYLA Middle: LUCY Last: BENSINGER Suffix:				2. Date of Birth (mm/dd/yyyy) 10/17/2013	3. Sex FEMALE
4a. Place of Birth - County COLLIN		4b. City or Town (if outside city limits, give precinct no.) FRISCO		5. Time of Birth 24:38	6a. Plurality - Single, Twin, Triplet, etc. SINGLE
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to deliver at home) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other (Specify):			7b. Name of Hospital or Birthing Center, NP: (If Not Institution, Give Street Address) BAYLOR MEDICAL CENTER AT FRISCO		
8a. Attendant's Name, NP, and Mailing Address CARRIE PATTERSON 5757 WARREN PARKWAY SUITE 310 FRISCO, TEXAS 75034			8b. Certifier (I certify that the child was born alive at the place and time and on the date as stated) BEVERLY FERGUSON Signature and Title 10/21/2013 Date Signed		
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"/> Assistant <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 PLACE		14. Mailing Address: <input checked="" type="checkbox"/> Same as Residence, or 13e. Zip Code 75075			
13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
15. Father's Name 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
6. Signature of State Registrar <i>Geraldine E. Harris</i>					

VB-111.2 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.



SNC

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.

NOV 17 2013

ISSUED

Geraldine E. Harris

GERALDINE E. HARRIS
 STATE REGISTRAR

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

