

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR,  
NOT TO THE STATE BOARD OF HEALTH.

1168

Record No.

PLACE OF BIRTH

Washington State Board of Health

County of Pierce

City or  
Town of Tacoma

Bureau of Vital Statistics

Registered No. 1203

CERTIFICATE OF BIRTH

Registration Dist. No. M-1 (No. Tacoma General Hospital st.; Ward)

FULL NAME OF CHILD..... { If child is not yet named make  
supplemental report, as directed.

Sex of Child <u>Male</u>	Twin, Triplet or other?	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>June 26, 1921</u>
FATHER			MOTHER		
Full Name <u>Oscar Arthur Anderson</u>			Full Maiden Name <u>Hazel Irene Batty</u>		
Residence <u>3320 So. Ainsworth Ave.</u>			Residence <u>Same</u>		
Color <u>White</u>	Age at last Birthday <u>34</u> (Years)		Color <u>White</u>	Age at last Birthday <u>24</u> (Years)	
Birthplace <u>(State or Country)</u> <u>Wisconsin</u>			(State or Country) <u>Canada</u>		
Occupation <u>Bookkeeper</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>2nd</u>			Number of children, this mother, now living <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was {born alive} ~~{stillborn}~~ and that it occurred on

June 26, 1921, at 12:40 A.M.

W.B. Penney

(Signature)

(Physician or Midwife)

Give name added from a supplemental

report

Address

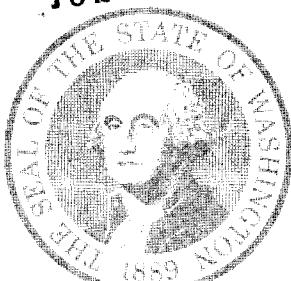
Registrar

June 30, 1921 Edith I. Moody.

Deputy Registrar

† Indicate which by drawing line through superfluous word.

5-36



# AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

**ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.**

NUMBER OF CERTIFICATES	FEES NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
<b>STATE OFFICE USE ONLY</b>		<b>STATE OFFICE USE ONLY</b>		
The record of Birth <input checked="" type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER	for	
2. NAME		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth): HUSBAND (If Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth): WIFE (If Marriage/Dissolution)		
<b>THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:</b>				
<b>THE RECORD NOW SHOWS:</b>		<b>THE TRUE FACT IS:</b>		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY		15.		

PHONE NUMBER: \_\_\_\_\_

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.

16. SIGNATURE	17. DATE	18. ADDRESS
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DCH 110-007 (Rev. 2-98)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

## Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:
 

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
  - This is a **one time only** change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

## Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

## Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proof in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections  
**Center for Health Statistics**  
 1112 Quincy Street South  
 P.O. Box 9709  
 Olympia, WA 98507-9709

This is a legal document.  
 Complete in ink and do not alter.



SEP. 21. 1998

DO NOT DESTROY

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