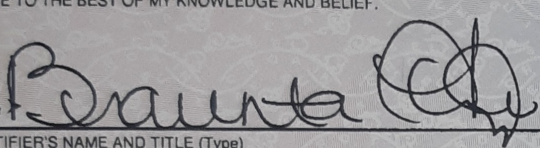
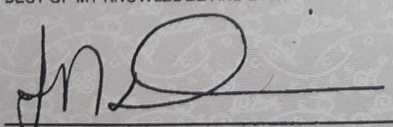


Kansas Department of Health and Environment
Office of Vital Statistics
CERTIFICATE OF LIVE BIRTH

115-2015-28789
State File Number

1. CHILD'S NAME (First, Middle, Last, Suffix) LUCILLE JEANNE DENNIS		2. DATE OF BIRTH (Month, Day, Year) 09/19/2015		3. TIME OF BIRTH 10:46 PM	
4. SEX FEMALE	5. BIRTH WEIGHT (Grams) 2093	6. CITY, TOWN, OR LOCATION OF BIRTH WICHITA		7. COUNTY OF BIRTH SEDGWICK	
8. PLACE OF BIRTH <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Home Birth <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify) _____		9. FACILITY NAME (If not institution, give street and number) WESLEY MEDICAL CENTER			
10. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Certifier's Signature 		11. DATE SIGNED (Month, Day, Year) 9.20.15		12. ATTENDANT'S NAME AND TITLE (Type) Name ZACHARY C KUHLMANN <input type="checkbox"/> M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify) _____	
13. CERTIFIER'S NAME AND TITLE (Type) Name BRAUNTA D FULLYLOVE <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Hosp. Adm. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input checked="" type="checkbox"/> Other (Specify) BIRTH REGISTRAR		14. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route, City, or Town, State, Zip Code) 3232 E MURDOCK WICHITA, KANSAS 67208			
15. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) JENNIFER NICOLE DENNIS				16. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE WIGGANS	
17. DATE OF BIRTH (Month, Day, Year) 10/19/1979		18. BIRTHPLACE (State, Territory, or Foreign Country) KANSAS		19. PRESENT RESIDENCE-STATE KANSAS	
20. COUNTY SEDGWICK	21. CITY, TOWN, OR LOCATION WICHITA		22. STREET AND NUMBER OF PRESENT RESIDENCE 100 S RIDGE RD APT 617		
23. ZIP CODE 67209	24. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		25. MOTHER'S MAILING ADDRESS (If same as residence, leave blank).		
26. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) EUGENE DARYL DENNIS		27. DATE OF BIRTH (Month, Day, Year) 09/11/1960		28. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON	
29. PARENTS REQUEST SOCIAL SECURITY NO. ISSUANCE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. IMMUNIZATION REGISTRY I wish to enroll my child in the Immunization Registry <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
31. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THE CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. Signature of Parent (or Other Informant) 		32. DATE SIGNED (Month, Day, Year) 9/20/2015		33. DATE FILED BY STATE REGISTRAR (Month, Day, Year) 09/20/2015	

VS240 Rev. 07/23/04 Y

