

Legal Fee <sup>5.00</sup>~~\$2.00~~ CX

CONNECTICUT STATE DEPARTMENT OF HEALTH  
Public Health Statistics Section — Hartford Connecticut, U. S. A.

*Certified Copy of Birth Record*

1. Name of Child Asa Buel  
(First) (Middle) (Last)

2. Place of Birth Killingworth  
Street, locality or hospital \_\_\_\_\_

3. Sex Male 4. Date of Birth January 10, 1760

5. Full Name of Father Nathan Buel

6. Age of Father \_\_\_\_\_ years. 7. Color of Father \_\_\_\_\_

8. Residence of Father: Town \_\_\_\_\_ State or Country \_\_\_\_\_  
Street address \_\_\_\_\_

9. Birthplace of Father: Town \_\_\_\_\_ State or Country \_\_\_\_\_

10. Occupation of Father \_\_\_\_\_

11. Maiden Name of Mother Thankfull ?

12. Age of Mother \_\_\_\_\_ years. 13. Color of Mother \_\_\_\_\_

14. Residence of Mother: Town \_\_\_\_\_ State or Country \_\_\_\_\_

15. Birthplace of Mother: Town \_\_\_\_\_ State or Country \_\_\_\_\_

16. Number of Child of Mother \_\_\_\_\_ Number Living \_\_\_\_\_

17. Attending Physician, Midwife or Other Person \_\_\_\_\_

18. Date received for record \_\_\_\_\_

I certify that this is a true transcript of the information on the birth record as recorded in this office.

Attest: Quida M Dudek ASST. Registrar of Vital Statistics

Dated July 8, 2004 Town of KILLINGWORTH

NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL