

Legal Fee ^{5.00}~~20.00~~X

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

Certified Copy of Birth Record

1. Name of Child Jeremiah Griffen Buel
(First) (Middle) (Last)

2. Place of Birth Killingworth
Street, locality or hospital _____

3. Sex Male 4. Date of Birth January 1, 1798

5. Full Name of Father Asa 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 Mercy Porter

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: Jordan M Dudek ASST. Registrar of Vital Statistics

Dated July 8, 2004 Town of KILLINGWORTH

NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL