CERTIFICATE OF LIVE BIRTH

99-036239

STATE OF OKLAHOMA-DEPARTMENT OF HEALTH

STATE FILE NO 135-

1. CHILD'S NAME (First, Middle, Last)	2. DATE OF BIRTH (Month, Day, Year)	3. TIME OF BIRTH
Christopher Frank Bomboy	OCTOBER 22, 1999	1:45 AM

4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH	6 COUNTY OF BIRTH
Male	Oklahoma City	Oklahoma

7. PLACE OF BIRTH: [X] Hospital [ ] Freestanding Birthing Center [ ] Clinic/Doctor's Office [ ] Residence [ ] Other (Specify)

8. FACILITY NAME (If not institution, give street and number): University Hospital 800 N.E. 13th, Oklahoma City, OK 73104

9. I certify that this child was born alive at the place and time on the date stated. Signature: Angela McCoy MD

10. DATE SIGNED: 10-22-99

11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print): Name [ ] M.D. [ ] D.O. [ ] C.N.M. [ ] Other Midwife [ ] Other (Specify)

12. CERTIFIER'S NAME AND TITLE (Type/Print): Angela McCoy Name [X] M.D. [ ] D.O. [ ] Hospital Admin. [ ] C.N.M. [ ] Other Midwife [ ] Other (Specify)

13. ATTENDANT'S MAILING ADDRESS: 800 N E 13th Street and Number or Rural Route; Oklahoma City City or Town; Oklahoma State; 73104

14. DATE RECEIVED BY LOCAL REGISTRAR	15a. STATE REGISTRAR'S SIGNATURE	15b. DATE FILED BY STATE REGISTRAR (Month, Day, Year)
	Roger D. Serrons	NOV 02 1999

16a. MOTHER'S NAME (First, Middle, Last)	16b. MAIDEN SURNAME	17. DATE OF BIRTH (Month, Day, Year)
Shirley Kay Bomboy	Roberts	March 23, 1974

18. BIRTHPLACE (State or Foreign County)	19a RESIDENCE-STATE	19b. COUNTY	19c. CITY, TOWN, OR LOCATION
Texas	Oklahoma	Oklahoma	Oklahoma City

19d. STREET AND NUMBER	19e. INSIDE CITY LIMITS? (Yes or No)	20 MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only)
3916 SW 24	Yes	73108

21. FATHER'S NAME (First, Middle, Last)	22. DATE OF BIRTH (Month, Day, Year)	23 BIRTHPLACE (State or Foreign Country)
Curtis Frank Bomboy	JANUARY 9, 1970	Texas

24. Permission given to provide Social Security Administration with the necessary birth information to issue a Social Security Number. Yes [ ] No [X] Initials SB

25. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of Parent: Shirley K Bomboy

THIS LINE FOR USE OF STATE REGISTRAR	DATE CORRECTIONS MADE	ITEMS CORRECTED	AUTHORITY	CLERK

GREAT SEAL OF THE STATE OF OKLAHOMA 1907

State Department of Health

State of Oklahoma

OKLAHOMA CITY, OKLAHOMA 73117

J. R. NIDA, M.D.
COMMISSIONER OF HEALTH

CERTIFIED COPY MUST BE VALIDATED IN THREE COLORS

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

April 18, 2000

GREAT SEAL OF THE STATE OF OKLAHOMA 1907

Roger D. Serrons
STATE REGISTRAR OF VITAL STATISTICS