

COMMONWEALTH OF KENTUCKY  
State Department of Health, Frankfort, Ky. 496 BUREAU OF VITAL STATISTICS  
NO. \_\_\_\_\_  
CERTIFIED PHOTOSTATIC COPY OF  
RECORD of BIRTH

NOTE: All facts must be given as of the Date of the Birth being recorded.

1 PLACE OF BIRTH  
County ANDERSON Co  
City of LAWRENCEBURG  
No. \_\_\_\_\_ St. \_\_\_\_\_  
2 FULL NAME OF CHILD SARAH FRANCES ELLIOTT

3 Sex of Child FEMALE  
4 Legitimacy YES  
5 Twin, triplet or other  
To be answered in case of plural births only  
6 Number in order of birth  
7 Date of Birth MARCH 1st 1960  
Month Day Year

8 FULL NAME FATHER RICHARD MILTON ELLIOTT  
9 POST OFFICE AT TIME OF THIS BIRTH LAWRENCEBURG Ky  
10 COLOR OR RACE WHITE  
11 AGE AT TIME OF THIS BIRTH 20 (Years)  
12 BIRTHPLACE \_\_\_\_\_

14 FULL MAIDEN NAME MOTHER ANNIE MAY SHERWOOD  
15 POST OFFICE AT TIME OF THIS BIRTH LAWRENCEBURG Ky  
16 COLOR OR RACE WHITE  
17 AGE AT TIME OF THIS BIRTH 21 (Years)  
18 BIRTHPLACE \_\_\_\_\_

Affidavit: I hereby declare upon oath that the above statements are true. (To be signed by registrant, if possible.)  
Signature Frances E. Whitman Address 2111 Blvd Napoleon Louisville, Ky  
Subscribed and sworn to before me Jan 22 1963  
(SEAL) My Commission Expires January 31, 2968 (Applicant—Do not write below this line.)  
Notary Public J. H. Sherman

★ Abstract of Supporting Evidence

Name and Kind of Document	Date Original Document Was Made
<u>Affidavit Richard M. Elliott, Father, age 62 6/15/43</u>	
<u>" " Wilkes Blvd, Mom, relatively 65 6/15/43</u>	

Information Concerning Registrant As Stated in Documents

Birth Date or Age	Birthplace	Name of Father	Maiden Name of Mother
<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>

Additional information: \_\_\_\_\_

Signature J. F. Blackley Date Filed 6/29/63 (over)  
J. F. Blackley, State Registrar, Reviewing Official

I, Straun W. Taylor, State Registrar, hereby certify that the above is a true copy of the birth certificate of the person therein named, the facts of which are supported by the evidence indicated in the above abstract, which has been examined and approved.

Given under my hand and seal of the State Department of Health this 14  
day of Jan, 1966.  
Straun W. Taylor  
Straun W. Taylor, State Registrar