

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

To the Registrar of Vital Statistics
State Department of Health
Salt Lake City, Utah

Dear Sir:

Please forward me a certified copy of the birth certificate identified below. I enclose money order for \$ 1.00 in payment, which I understand is the statutory fee in your State.

The facts concerning the birth are as follows:

FULL name of child NORMAN CRAIG TAKAHASHI

Place of birth Topaz Millard Utah
City County State

Date of birth July 15 1945
Month Day Year

FULL name of father Henri Hiroyuki Takahashi

FULL MAIDEN name of mother Tomoye Nozawa

Birthplace of father Tokyo, Japan

Birthplace of mother San Francisco, California

Name of attending physician or midwife Dr. H. Iwao Sugiyama, M.D.

Date certificate was filed, if known July 23, 1945

Signature of applicant Tomoye Nozawa Takahashi

Mail the certificate to Mrs. Tomoye Takahashi

Address 1259 Arguello Boulevard San Francisco, California
Street and Number City State

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Salt Lake City, Utah

Dear Sir:

I have enclosed a certified copy of the birth certificate
which I understand is the statutory fee in your State.
I have also enclosed a copy of the birth certificate
which I understand is the statutory fee in your State.

The facts concerning the birth are as follows:

Full name of child: NORMAN CRAIG TAKAHASHI
Place of birth: _____
City: _____
County: _____
State: _____
Date of birth: _____
Month: _____
Day: _____
Year: _____

Full name of father: _____
Place of birth: _____

Full name of mother: _____
Place of birth: _____

Name of attending physician or midwife: _____
Date certificate was filed, if known: _____

Signature of applicant: _____

Address: _____
Street and Number: _____
City: _____
State: _____