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[Signature]
Lawrence J. Cohen, M. D.

State Registrar

MAR 12 1984

Date Issued

[Signature]
Richard O. Hall

Deputy State Registrar

PLACE OF BIRTH				WYOMING STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Capitol Building Cheyenne, Wyoming			
1. County of <u>Platte</u>				CERTIFICATE OF BIRTH 3284			
Town of _____				Do not write in this space			
or				File No. <u>1930</u>			
City of <u>Wheatland</u>				Registered No. <u>1226</u>			
No. _____ St. _____				Registration District No. <u>20</u>			
1. Birth occurred in hospital or institution give name of same.				(If child is not yet named, make supplemental report, as directed.)			
2. FULL NAME OF CHILD <u>James Thomas Shaw</u>				Date of birth <u>Feb 24</u> , 19 <u>80</u>			
3. Sex of Child <u>male</u>				(Month) (Day) (Year)			
4. Twin, Triplet, or other? _____				6. Legitimate? <u>yes</u>			
5. Number in order of birth _____							
(To be answered only in event of plural births)							
8. FULL NAME FATHER <u>James A. Shaw</u>				14. FULL MAIDEN NAME MOTHER <u>Crystal Hill</u>			
9. RESIDENCE (Usual place of abode) If nonresident, give place and State <u>Bufford</u>				15. RESIDENCE (Usual place of abode) If nonresident, give place and State <u>Bufford</u>			
10. COLOR <u>White</u>				16. COLOR <u>White</u>			
11. Age at Last Birthday <u>37</u> (Years)				17. Age at Last Birthday <u>27</u> (Years)			
12. BIRTHPLACE (City or Place) (State or County) <u>Wyo</u>				18. BIRTHPLACE (City or Place) (State or County) <u>S. Dak</u>			
13. OCCUPATION Nature of Industry <u>Rancher</u>				19. OCCUPATION Nature of Industry <u>Housewife</u>			
20. Number of children born to this mother, including present birth <u>2</u>				(a) Born alive and now living <u>1</u> (b) Born alive and now dead <u>0</u> (c) Stillborn <u>1</u>			
21. What prophylactic was used to prevent ophthalmia neonatorum? <u>Argyrol</u>							

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 p.m.

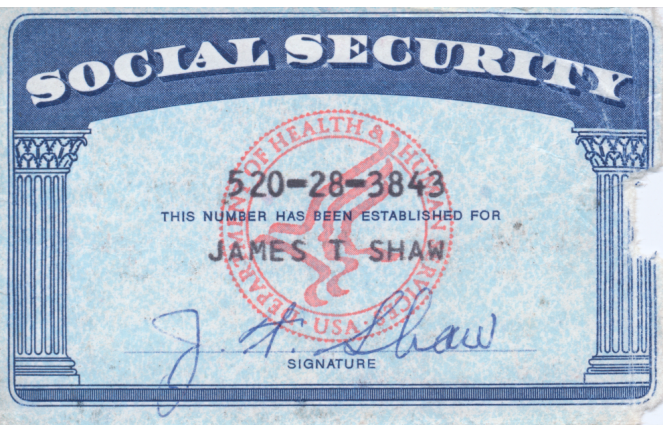
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is that neither breathes nor shows other evidence of life after birth.

Signature [Signature]
(Physician or Midwife)

Given name added from supplemental report

Address Wheatland Wyo

Filed 4-17, 1980 W.B. Jones
Registrar.



SELECTIVE SERVICE SYSTEM *Duplicate*
REGISTRATION CERTIFICATE

This is to certify that in accordance with the Selective Service Proclamation of the President of the United States

James Thomas Shaw
(First name) (Middle name) (Last name)

Box 6 - Dubois, Fre Co, Wyoming
(Place of residence—Identical with Item 2 of Registration Card)

2-24-30 *Wheatland Wyo*
(Date of birth) (Place of birth)

has been duly registered this *13* day of *September*, 19*48*

/s/ Suzanne Wendt
(Signature of registrar)

Registrar for Local Board *7 Landers Wyo*
(Number) (City or county) (State)

The law requires you to have this card in your possession at all times for identification and to advise your Local Board of change of address

SSS Form No. 2 Form approved. Budget Bureau No. 33-R100. 16-55461-1

Do not laminate this card.
This card is invalid if not signed by the number holder unless
health or age prevents signature.
Improper use of this card and/or number by the number holder
or any other person is punishable by fine, imprisonment or both.
This card is the property of the Social Security Administration and
must be returned upon request. If found, return to:
SSA-ATTN: FOUND SSN CARD
P.O. Box 17087 Baltimore Md, 21203
Contact your local Social Security office for any other matter
regarding this card.

Department of Health and Human Services
Social Security Administration
Form OA-702 (1-87)

B48576158

DESCRIPTION OF REGISTRANT

Color of eyes Br Color of hair Br
Complexion Med Height (Approx.) 6 ft. 1 3/4 in.
Weight (Approx.) 150 Race Wh

Other obvious physical characteristics that will aid in identification

None

SSN 48-7-30-18