

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Dist. No. .... **CERTIFICATE OF LIVE BIRTH** **BIRTH NO. 147- 41514**  
 Serial No. .... DO NOT WRITE IN THIS SPACE

1. NAME (Type or print)			(First)	(Middle)	(Last)
George Franklin Sodaro					
2. PLACE OF BIRTH			3. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY Kanawha			a. STATE W. Va. b. COUNTY Kanawha		
b. CITY, TOWN, OR LOCATION Frame, W. Va.			c. CITY, TOWN, OR LOCATION Big Chimney, W. Va.		
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			d. STREET ADDRESS Route 5		
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
4. SEX Male	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>		6. DATE (Month) (Day) (Year) OF BIRTH July 29, 1945	
FATHER	7. NAME (First) (Middle) (Last)			8. COLOR OR RACE	
	John Ernest Sodaro				
MOTHER	9. AGE (At time of this birth) 34 YEARS		10. BIRTHPLACE (State or foreign country)		11a. USUAL OCCUPATION
	12. MOTHER'S NAME (First) (Middle) (Last)		13. COLOR OR RACE		11b. Kind of Business or Industry
Nellie Clarice Sodaro					
14. AGE (At time of this birth) 24 YEARS		15. BIRTHPLACE (State or foreign country)		16. Previous Deliveries to Mother (Do NOT include this birth)	
17. INFORMANT		Mr. and Mrs. John E. Sodaro		a. How many OTHER children are now living? b. How many OTHER children were born alive but are now dead? c. How many fetal deaths (fetuses born dead at ANY time after conception)?	
18. MOTHER'S MAILING ADDRESS Route 5, Big Chimney, W. Va.					
I hereby certify that this child was born alive on the date stated above at 10:A.M.		18a. SIGNATURE W. W. Duff, M.D.		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
		18c. ADDRESS Elkview, W. Va.		18d. DATE SIGNED Jan. 24, 1946	
19. DATE REC'D BY LOCAL REC. 1-31-46		20. REGISTRAR'S SIGNATURE Bessie Humphreys		21. DATE ON WHICH GIVEN NAME ADDED By (Registrar)	

This becomes a legal record when properly executed and will be placed in permanent file. Write plainly with permanent ink or typewriter.

Prepare separate form for each child if multiple birth.

Attendant must sign. Power of signature cannot be delegated.

Attendant must file the certificate with the local registrar within 10 days after birth.

C0565980



C0565980

# STATE OF WEST VIRGINIA



This is to certify that this document is a true and accurate reproduction of an official record, or the facts abstracted from an official record, on file with:

Vital Statistics  
Bureau for Public Health  
West Virginia Department of Health and Human Resources  
Charleston, West Virginia.

Gary L. Thompson  
State Registrar



The certified copy or information appears on the reverse side on multicolor surface.  
Document contains heat-sensitive stamp and watermark.

Do not accept without verifying watermark and heat-sensitive stamp.

### WARNING!

It is a crime punishable by fine and imprisonment to counterfeit or alter this certificate or to use the vital statistics record of another person for deceptive purposes.

May 14 2013

Date Certified:

## United States of America

State of West Virginia



County of Kanawha, ss:

# Birth Certificate

I, Vera J. McCormick, Clerk of the Kanawha County, WV County Commission aforesaid, and as such, custodian of the records of Births, hereby certify that as reference to Birth Book 196 Page 864 of my office will show.

Child Name: **ROSA MARIE SODARO**

### Mother Information

Maiden: **NELLIE CLARICE TRIPLETT**

### Father Information

Name: **JOHN ERNEST SODARO**

### Birth Record Information

Birth Date: **July 10, 1950**  
 Date Recorded: **August 24, 1950**  
 Birth Place: **CHARLESTON**  
 Birth Sex: **FEMALE**  
 Certified By: **A P HUDGINS MD**

In Witness Whereof, I have hereunto set my hand and affixed the Seal of the said commission, this 3rd day of June A.D., 2013 and in the 149th year of said state.

Vera J. McCormick, Clerk

County Commission of Kanawha County, WV

By Vera J. McCormick, Deputy

EXHIBIT "2"

File No.: PRC120005221 - E/O Joseph N Sodaro  
 Notice of Filing Heirship Documentation - Group 2

**WARNING:** THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.



## United States of America

State of West Virginia



County of Kanawha, ss:

# Marriage Certificate

I, Vera J. McCormick, Clerk of the Kanawha County, WV County Commission aforesaid, do hereby certify that under the authority of a License issued from this office as reference to Marriage Book 27 Page 78 of my office will show.

### GROOM Vital Information

LEON ALLEN EVANS

State Born: WV

Date of Birth: September 2, 1951

### BRIDE Vital Information

ROSA MARIE SODARO

State Born: WV

Date of Birth: July 10, 1950

### Marriage Record Information

Marriage Date: June 19, 1971

County Married In: KANAWHA

Marriage Official: REV JACK D STUMP

File Date: June 24, 1971

In Witness Whereof, I have hereunto set my hand and affixed the Seal of the said commission, this 3rd day of June A.D., 2013 and in the 149th year of said state.

Vera J. McCormick, Clerk

County Commission of Kanawha County, WV

By  Deputy

EXHIBIT "3"  
File No.: PRC120005221 – E/O Joseph N Sodaro  
Notice of Filing Heirship Documentation – Group 2

**WARNING:** THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS.  
DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.



## United States of America

State of West Virginia



County of Kanawha, ss:

# Birth Certificate

I, Vera J. McCormick, Clerk of the Kanawha County, WV County Commission aforesaid, and as such, custodian of the records of Births, hereby certify that as reference to Birth Book 10 Page 2 of my office will show.

Child Name: **MICHAEL THOMAS SODARO**

### Mother Information

Maiden: **NELLIE TRIPLETT**

### Father Information

Name: **ERNEST SODARO**

### Birth Record Information

Birth Date: **December 14, 1946**

Date Recorded: **December 20, 1946**

Birth Place: **SO CHARLESTON**

Birth Sex: **MALE**

Certified By: **U C LOVEJOY, MD**

In Witness Whereof, I have hereunto set my hand and affixed the Seal of the said commission, this 3rd day of June A.D., 2013 and in the 149th year of said state.

Vera J. McCormick, Clerk

County Commission of Kanawha County, WV

By , Deputy

EXHIBIT "4"  
File No.: PRC120005221 - E/O Joseph N Sodaro  
Notice of Filing Heirship Documentation - Group 2

**WARNING:** THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS.  
DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.



