

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH NO. 147-44723

Dist. No. _____

Serial No. _____

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

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.

Items 21-31 are for _____ and _____

1. CHILD'S NAME (Type or Print)			a. (First) Paul	b. (Middle) Jennings	c. (Last) Sodaro
2. PLACE OF BIRTH a. COUNTY Kanawha			3. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE W.Va.		
b. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Charleston			b. COUNTY Kanawha		
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)			c. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Charleston		
d. STREET ADDRESS Elk Hills			d. STREET ADDRESS (If rural, give location)		
4. SEX Male	5a. THIS BIRTH Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (this child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) (Day) (Year) OF BIRTH March 10, 1937		

FATHER OF CHILD

7. FULL NAME			a. (First) Phillip	b. (Middle) J.	c. (Last) Sodaro	8. COLOR OR RACE White
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Charleston, W.Va.	11a. USUAL OCCUPATION Shipping Clerk	11b. KIND OF BUSINESS OR INDUSTRY Barlum Reduction, Corp.			

MOTHER OF CHILD

12. FULL MAIDEN NAME			a. (First) Mary	b. (Middle) E.	c. (Last) Fletcher	13. COLOR OR RACE White
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) Jackson Co., W.Va.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)				
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?		

17. INFORMANT
Mr. & Mrs. Phillip J. Sodaro

I hereby certify that this child was born alive on the date stated above.	18a. SIGNATURE Carl L. Higgin	18b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> OTHER (Specify)
	18c. ADDRESS	18d. DATE SIGNED 4/23/53

19. DATE REC'D BY LOCAL Reg. 4/23/53	20. REGISTRAR'S SIGNATURE Luth Elswick	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
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EXHIBIT "1"
File No.: PRC120005221 - E/O Joseph N Sodaro
Notice of Filing Heirship Documentation - Group 4

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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



May 10 2013

Date Certified:

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WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
PHYSICIAN'S CERTIFICATE OF DEATH

STATE FILE NUMBER
003003

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1. DECEASED - NAME PAUL J. SODARO		2. SEX M		3. DATE OF DEATH (Mo., Day, Yr.) 2-25-80	
4. RACE (o.g., White, Black, American Indian, etc.) (Specify) WHITE		5. DATE OF BIRTH (Mo., Day, Yr.) 3-19-37		6. COUNTY OF DEATH KAWAWHA	
7. CITY, TOWN OR LOCATION OF DEATH CHARLESTON		8. HOSPITAL OR OTHER INSTITUTION - Name (If not in italics, give street and number) CANC. GEN. DIVISION		9. SURVIVING SPOUSE (If wife, give maiden name) EMPT	
10. STATE OF BIRTH (If not in U.S.A., name country) W.VA.		11. CITIZENSHIP (Specify) DIVORCED		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO	
13. SOCIAL SECURITY NUMBER 233 56 0794		14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUSICIAN		15. KIND OF BUSINESS OR INDUSTRY NO	
16. RESIDENCE - STATE W.VA.		17. CITY, TOWN OR LOCATION CHARLESTON		18. STREET AND NUMBER 25302	
19. FATHER - NAME WILVA		20. MOTHER - MAIDEN NAME CHARLESTON		21. INSIDE CITY LIMITS (Specify Yes or No) NO	
22. INFORMANT - NAME (Type or print) Philip Sodaro		23. MAILING ADDRESS SODARO		24. CITY OR TOWN Elwood	
25. BURIAL CREMATION, REMOVAL OTHER (Specify) BURIAL		26. CEMETERY OR CREMATORY - NAME ELK HILLS MEM. PARK		27. STATE W.VA.	
28. FUNERAL SERVICE LICENSEE OR PERSON Acting As Such (Signature) Robert Cook		29. NAME OF FACILITY St. Vincent Borromeo Conv. H.		30. ADDRESS OF FACILITY 1005 S. MAIN ST. CHARLESTON, W.VA.	
31. DATE OF DEATH (Specify) 2-25-80		32. DATE SIGNED (Mo., Day, Yr.) 2-25-80		33. HOUR OF DEATH 10:05 A.M.	
34. NAME OF ATTENDING PHYSICIAN OTHER THAN CERTIFIER (Type or Print) DR. P. A. GARWAL		35. NAME AND ADDRESS OF CERTIFIER (Type or Print) C. W. SIM		36. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 3-4-80	
37. IMMEDIATE CAUSE HEPATIC RENAL SYNDROME		38. DUE TO, OR AS A CONSEQUENCE OF: HEPATIC RENAL SYNDROME		39. INTERVAL BETWEEN ONSET AND DEATH NO	
40. DUE TO, OR AS A CONSEQUENCE OF: HEPATIC RENAL SYNDROME		41. DUE TO, OR AS A CONSEQUENCE OF: HEPATIC RENAL SYNDROME		42. INTERVAL BETWEEN ONSET AND DEATH NO	
43. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) HEPATIC RENAL SYNDROME		44. DESCRIBE HOW INJURY OCCURRED HEPATIC RENAL SYNDROME		45. INTERVAL BETWEEN ONSET AND DEATH NO	
46. ACCIDENT (Specify Yes or No) NO		47. DATE OF INJURY (Mo., Day, Yr.) NO		48. HOUR OF INJURY NO	
49. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) NO		50. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) NO		51. LOCATION NO	
52. PLACE OF WORK (Specify Yes or No) NO		53. PLACE OF WORK (Specify Yes or No) NO		54. CITY OR TOWN NO	
55. STREET OR R.F.D. NO. NO		56. STREET OR R.F.D. NO. NO		57. CITY OR TOWN NO	
58. STATE NO		59. STATE NO		60. STATE NO	

DECEASED

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

FOCUS-VS-002 REV. 1-78

ORIGINAL

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STATE OF WEST VIRGINIA



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May 10 2013

Date Certified:

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Dist. No. E-15524 200 **CERTIFICATE OF BIRTH** BIRTH NO. 147-56 10609
 Serial No. J. H. Selman, M.D. / 2062

1. CHILD'S NAME (Type or Print)			a. (First) DENISE	b. (Middle) LYNN	c. (Last) SODARO
2. PLACE OF BIRTH a. COUNTY Kanawha			3. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE West Virginia b. COUNTY Kanawha		
b. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Charleston			c. CITY (If outside corporate limits, write RURAL and give district) OR TOWN Charleston		
c. FULL NAME OF (If NOT in hospital or institution, give street address of HOSPITAL OR INSTITUTION) Charleston General Hospital			d. STREET ADDRESS (If rural, give location) 3005 Riverdale Drive		
4. SEX Female	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (this child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) (Day) (Year) OF BIRTH April 23, 1956		
FATHER OF CHILD					
7. FULL NAME a. (First) Paul			b. (Middle) Jennings	c. (Last) Sodaro	8. COLOR OR RACE White
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Charleston, W. Va.	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY Davis Garage		
MOTHER OF CHILD					
12. FULL MAIDEN NAME a. (First) Audra			b. (Middle) Jean	c. (Last) Wood	13. COLOR OR RACE White
14. AGE (At time of this birth) 17 YEARS	15. BIRTHPLACE (State or foreign country) Montcoal, W. Va.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? None b. How many OTHER children were born alive but are now dead? None c. How many children were stillborn (born dead after 20 weeks pregnancy)? None			
17. INFORMANT Mrs. Audra Sodaro - Mother					
I hereby certify that this child was born alive on the date stated above.		18a. SIGNATURE <i>J. H. Selman M.D.</i>		18b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
		18c. ADDRESS Charleston, West Virginia		18d. DATE SIGNED 4-27-56	
19. DATE REC'D BY LOCAL REG. 5-1-1956		20. REGISTRAR'S SIGNATURE <i>Amber Craddock</i>		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	

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Prepare separate form for each child if multiple birth.

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Items 21-31 are for Medical and

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