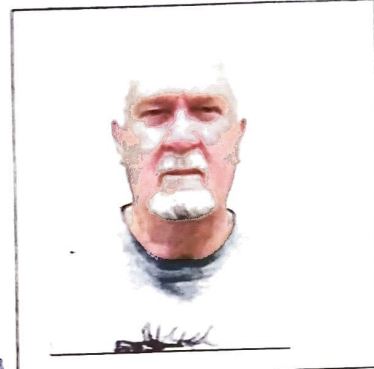


Recording # AZ11-2021-2PNIS-1NOA4

Witness Testimony Affirming American State Political Status and Identity

This Witness Testimony verifies the identity of the man/woman shown in this photograph to establish their political status as an American State National or American State Citizen, depending on their choice.



Name of person appearing in this photo: _____

Steven Elden Hall

Physical address of person appearing in this photo: 2865 N. Laurel Ave. Tucson Arizona

Witness: I, Irene Boone Hall (printed name), know the person shown in the photo above by the name shown, and I know of their family and history, sufficient to know that they were born at the time and place shown on the face of the referenced Birth Certificate or shown on the accompanying United States Naturalization paperwork.

My relationship to the Declarant is:

Wife

This testimony is true, complete, and correct to the best of my knowledge and I make it under Penalty of Perjury under the Public Law of The United States of America:

So affirmed this 9th day of August in the year of 2021.

by: Irene Boone Hall

I may be contacted at: (phone) 520-661-4611,

(email) _____, or at this mailing address: 2865 N Laurel Ave, Tucson AZ 85712

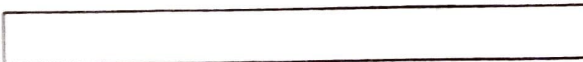
Witness Verification by Public Notary or State Recording Secretary:

Pima County

County State

Today, I was visited by the Witness whose signature appears above, and they were properly identified to me and they did sign this record in my presence for the purposes described above, in witness whereof I affix my signature and seal this 9th day of August in the year of 2021.

Ansel Anderson
All rights reserved without prejudice



DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

071-1-4 071-07

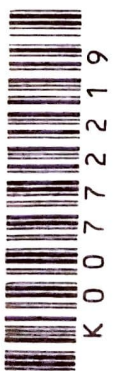
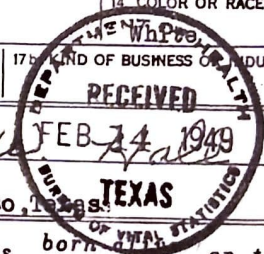
TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

STATE OF TEXAS

STATE FILE NO.

4339

1. PLACE OF BIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY <u>El Paso</u>			a. STATE <u>Texas</u> b. COUNTY <u>El Paso</u>		
b. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>El Paso</u>			c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <u>El Paso</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southwestern General Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Rt. 2 Box 242, E.</u>		
3. CHILD'S NAME					
a. (First) <u>Steven</u>		b. (Middle) <u>Elden</u>		c. (Last) <u>Hall</u>	
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)		6. LEGITIMATE ?	7. DATE OF BIRTH
<u>Male</u>	SINGLE <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	<u>Yes</u>	<u>Yes</u>	<u>January 26, 1949</u>
FATHER OF CHILD					
8. FULL NAME			9. COLOR OR RACE		
a. (First) <u>Marion</u>		b. (Middle) <u>Arlen</u>		c. (Last) <u>Hall</u>	
10. AGE (As time of this birth) <u>33</u> YEARS		11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>		12a. USUAL OCCUPATION <u>Carpenter</u>	
				12b. KIND OF BUSINESS OR INDUSTRY <u>Stone Webster Co.</u>	
MOTHER OF CHILD					
13. FULL MAIDEN NAME			14. COLOR OR RACE		
a. (First) <u>Carrie</u>		b. (Middle) <u>Fern</u>		c. (Last) <u>White</u>	
15. AGE (At time of this birth) <u>30</u> YEARS		16. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>		17a. USUAL OCCUPATION <u>Housewife</u>	
				17b. KIND OF BUSINESS OR INDUSTRY	
18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			19a. INFORMANT		
a. How many children are now living? <u>2</u>	b. How many children were born alive but are now dead? <u>0</u>	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	<u>Mrs Carrie White</u>		
			19b. ADDRESS <u>Rt. 2 Box 242, El Paso, Texas</u>		
20. I hereby certify that I attended the birth of this child who was born on the date stated above at <u>5:22 A</u> M. on the xxxxxx day of xxxxxx 19 <u>49</u>					
21a. ATTENDANT'S SIGNATURE <u>Dr. F.A. Snidow</u>			21b. ATTENDANT AT BIRTH		
21c. ATTENDANT'S ADDRESS			M. D. <input type="checkbox"/> M.D. <input type="checkbox"/> <input checked="" type="checkbox"/> LICENSED NURSE		
			21d. DATE SIGNED <u>1-27-49</u>		
22a. REGISTRAR'S FILE NO. <u>412</u>		22b. DATE REC'D BY LOCAL REGISTRAR <u>Jan. 29, 1949</u>		22c. REGISTRAR'S SIGNATURE <u>G. R. Harris</u>	



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED OCT 1 2 2007

Geraldine F. Harris
GERALDINE F. HARRIS
STATE REGISTRAR

