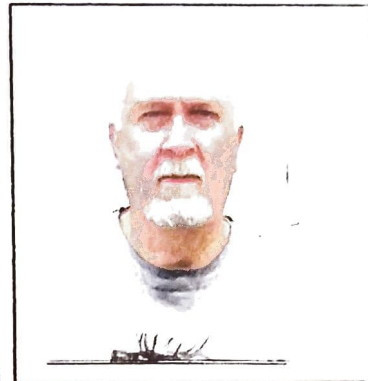


Recording # AZ11-2021-2PNIS-2NDA4

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, Joel McKley (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:

Friend

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: _____

I may be contacted at: (phone) 520-235-6607

(email) joesack@p10@comcast.com, or at this mailing address: _____

Witness Verification by Public Notary or State Recording Secretary:

Pima County

Arizona 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.

Angela Munkewitz
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

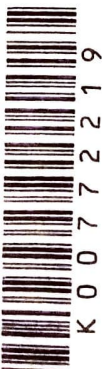
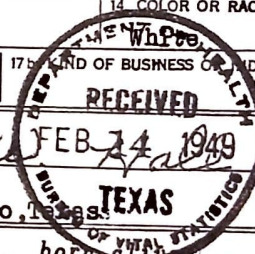
CERTIFICATE OF BIRTH

STATE OF TEXAS

STATE FILE NO.

4339

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



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 12 2007

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

