

STATE OF HAWAII
CERTIFICATE OF LIVE BIRTH
 DEPARTMENT OF HEALTH
 FILE NUMBER **151 61 10637**

1a. Child's First Name (Type or print) **SUSAN**
 1b. Middle Name **ELIZABETH**
 1c. Last Name **NORDYKE**

2. Sex **Female**
 3. This Birth **1**
 4. If Twin or Triplet, Was Child Born **1st**
 5a. Birth Date **Aug. 5, 1961**
 5b. Hour / **2:12 P.**

6a. Place of Birth: City, Town or Rural Location **Honolulu**
 6b. Island **Oahu**

7a. Name of Hospital or Institution (If not in hospital or institution, give street address) **Epiolani Maternity & Gynecological Hospital**
 7b. Is Place of Birth Inside City or Town Limits? **Yes**

8a. Usual Residence of Mother: City, Town or Rural Location **Honolulu**
 8b. Island **Oahu**
 8c. County and State or Foreign Country **Honolulu, Oahu**

9a. Street Address **2013 Kakela Drive**
 9b. Is Residence Inside City or Town Limits? **Yes**

10. Mother's Mailing Address
 10a. Is Residence on a Farm or Plantation? **No**

11. Full Name of Father **ROBERT ALLAN NORDYKE**
 11a. Race of Father **Caucasian**

12. Age of Father **42**
 12a. Birthplace (State, town or foreign country) **Woodland, California**
 12b. Usual Occupation **Doctor**
 12c. Kind of Business or Industry **Private Practice**

13. Full Maiden Name of Mother **ELEANOR LOUISE COLE**
 13a. Race of Mother **Caucasian**

14. Age of Mother **34**
 14a. Birthplace (State, town or foreign country) **Los Angeles, California**
 14b. Type of Occupation Outside Home During Pregnancy **None**
 14c. Date Last Worked

15a. I certify that the above stated information is true and correct to the best of my knowledge.
 15b. Signature of Parent or Other Informant **Eleanor Cole Nordyke**
 15c. Date of Signature **8-7-61**

15d. I hereby certify that this child was born alive on the date and hour stated above.
 15e. Signature of Attendant **C. C. McCombs**
 15f. Date of Signature **8/11/61**

16. Date Accepted by Local Reg. **AUG 11 1961**
 16a. Signature of Local Registrar **Beatrice L. Young**
 16b. Date Accepted by Reg. General **AUG 11 1961**

17. Evidence for Delayed Filing or Alteration

THIS CERTIFIES THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE RESEARCH, PLANNING AND STATISTICS OFFICE HAWAII STATE DEPARTMENT OF HEALTH.

Leo Bernstein
 LEO BERNSTEIN, M.D.
 Director of Health

DATE **5-5-1966**

Charles G. Bennett
 CHARLES G. BENNETT
 Registrar General

STATE OF HAWAII
CERTIFICATE OF LIVE BIRTH
 DEPARTMENT OF HEALTH
 FILE NUMBER **151 61 10638**

1a. Child's First Name (Type or print) **GRITCHEN**
 1b. Middle Name **CARTER**
 1c. Last Name **NORDYKE**

2. Sex **Female**
 3. This Birth **2**
 4. If Twin or Triplet, Was Child Born **2nd**
 5a. Birth Date **Aug. 5, 1961**
 5b. Hour / **2:17 P.**

6a. Place of Birth: City, Town or Rural Location **Honolulu**
 6b. Island **Oahu**

7a. Name of Hospital or Institution (If not in hospital or institution, give street address) **Epiolani Maternity & Gynecological Hospital**
 7b. Is Place of Birth Inside City or Town Limits? **Yes**

8a. Usual Residence of Mother: City, Town or Rural Location **Honolulu**
 8b. Island **Oahu**
 8c. County and State or Foreign Country **Honolulu, Hawaii**

9a. Street Address **2013 Kakela Drive**
 9b. Is Residence Inside City or Town Limits? **Yes**

10. Mother's Mailing Address
 10a. Is Residence on a Farm or Plantation? **No**

11. Full Name of Father **ROBERT ALLAN NORDYKE**
 11a. Race of Father **Caucasian**

12. Age of Father **42**
 12a. Birthplace (State, town or foreign country) **Woodland, California**
 12b. Usual Occupation **Doctor**
 12c. Kind of Business or Industry **Private Practice**

13. Full Maiden Name of Mother **ELEANOR LOUISE COLE**
 13a. Race of Mother **Caucasian**

14. Age of Mother **34**
 14a. Birthplace (State, town or foreign country) **Los Angeles, California**
 14b. Type of Occupation Outside Home During Pregnancy **None**
 14c. Date Last Worked

15a. I certify that the above stated information is true and correct to the best of my knowledge.
 15b. Signature of Parent or Other Informant **Eleanor Cole Nordyke**
 15c. Date of Signature **8-7-61**

15d. I hereby certify that this child was born alive on the date and hour stated above.
 15e. Signature of Attendant **C. C. McCombs**
 15f. Date of Signature **8/11/61**

16. Date Accepted by Local Reg. **AUG 11 1961**
 16a. Signature of Local Registrar **Beatrice L. Young**
 16b. Date Accepted by Reg. General **AUG 11 1961**

17. Evidence for Delayed Filing or Alteration

THIS CERTIFIES THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE RESEARCH, PLANNING AND STATISTICS OFFICE HAWAII STATE DEPARTMENT OF HEALTH.

Leo Bernstein
 LEO BERNSTEIN, M.D.
 Director of Health

DATE **5-5-1966**

Charles G. Bennett
 CHARLES G. BENNETT
 Registrar General

The 1961 birth certificates of Eleanor Nordyke's twin daughters are shown here. Hawai'i birth certificates from that period required more information than modern ones do.