

STATE OF NORTH CAROLINA
County of Mecklenburg

File # [REDACTED]
In The General Court of Justice
District Court Division

In The Matter Of
Debra Ann Blackmon (N)

[REDACTED]
Name, Age and Address of Child

JUVENILE ORDER

On a petition dated February 1, 1972, signed by the father of the above named minor, one [REDACTED], alleging that his child, one Debra Ann Blackmon, is in the need of the sterilization operation, and said operation would be for her best interest and welfare, the Court, after having an investigation made, finds as a fact that the said minor is thirteen years of age and is severely retarded. THE COURT further finds as a fact that the said operation would be in the best interest and welfare of said minor, and the Court further finds as a fact that on the 26th day of January, 1972, said minor signed the proper consent forms for the said sterilization operation, and the Court further finds as a fact that the said minor and her parents have been counseled with reference a sterilization operation by the Social Services Staff of Memorial Hospital.

THEREFORE, THE COURT, under the authority of General Statutes Chapter 90, Article 19-272, finds as a fact that it would be in the best interest and welfare of said minor that said sterilization operation be performed. Therefore, it is ORDERED ADJUDGED, AND DECREED that this matter be referred for sterilization operation to the staff of Memorial Hospital, Charlotte, North Carolina, for said operation and that said operation be performed any time after thirty days of the signing of this order.

This 7th day of February, 19 72.

Signed for and by direction
of the Presiding Judge

[Signature]
Deputy Clerk of Superior Court

[Signature]
Signature or Name of Presiding Judge

cc: Memorial Hospital (2) ✓
% Mrs. Virginia Scheer

cc: Juvenile Court

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To cooperate for lab

CHARLOTTE MEMORIAL HOSPITAL *M^e Dec*

26

CHECK ADM LAB TESTS ENT'D

HOSP. ACCT. [REDACTED]	ROOM-RED. [REDACTED]	AGE 14Y	SEX F	M/S 1	PHYSICIAN [REDACTED]	SERVICE GYN	ADM. DATE 03-21-72	TIME 1349	[REDACTED]
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PATIENT NAME SLACKMOM DEBORAH ANN	RELATIONAL NAME [REDACTED]	TITLE MS	HOME PHONE [REDACTED]	BIRTH DATE 02-28-58	DISM. DATE 3-28-72	TIME [REDACTED]	DAYS STAY A
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UA
CBC
VDRL

PATIENT ADDRESS [REDACTED]	CITY/STATE CHARLOTTE, N. C.	ZIP [REDACTED]	COUNTY 160	RELIGION [REDACTED]
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PATIENT EMPLOYER/ADDRESS STUDENT	POSITION	EMP. PHONE	BIRTHPLACE
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RESPONSIBLE PARTY NAME [REDACTED]	RELATION TO PAT. FATHER	HOME PHONE [REDACTED]	RESPONSIBLE PARTY ADDRESS [REDACTED]
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CITY/STATE CHARLOTTE, N. C.	ZIP [REDACTED]	RESPONSIBLE PARTY EMPLOYER/ADDRESS [REDACTED]	POSITION [REDACTED]
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EMP. PHONE [REDACTED]	EMERGENCY CONTACT NAME [REDACTED]	RELATION TO PAT. MOTHER	EMERG. CONT. PHONE [REDACTED]	DATE [REDACTED]	VAL. N	E P. Y
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DIAGNOSIS EUGENICS STERILIZATION	PREV. ADM.	PREV. HISTORY NO.	CR	FIN'L CLASSIFICATION 20-HOMECITY	ADM. BY CAB
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POLICYHOLDER	POLICY/CERT/MEDICARE	GROUP NUMBER	INSURANCE COMPANY	GROUP CARRIER
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REMARKS STAFF/GYN DR JOHNSON

PRIMARY DIAGNOSIS	MENTAL RETARDATION SEVERE	CODE Y009.0
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SECONDARY DIAGNOSIS	EUGENICS STERILIZATION	313.0
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	Decayed maxillary and mandibular molars	521.0
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COMPLICATIONS	
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INFECTIONS	
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<input type="checkbox"/> ON ADMISSION <input type="checkbox"/> IN HOSPITAL	<input type="checkbox"/> ISOLATION <input type="checkbox"/> CULTURE
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PRIMARY SURGERY DATE: 3/24/72	TOTAL Abdominal Hysterectomy	69.2-98045
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SECONDARY SURGERY DATE:	Removal of mandibular maxillary decayed molars	99.401-03825
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DISCHARGE STATUS	<input type="checkbox"/> ALIVE	DEAD <input type="checkbox"/> +48 HOURS <input type="checkbox"/> -48 HOURS <input type="checkbox"/> POSTOPERATIVE WITHIN 10 DAYS	<input type="checkbox"/> AUTOPSY	<input type="checkbox"/> STILLBORN	HEART MONITOR <input type="checkbox"/>
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SUMMARY OF PATIENT'S STAY	
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Disch 3/28/72 go

SURGEON [Signature]	CONSULTANT <i>M^e Dec</i>
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ADDITIONAL SIGNATURE [Signature]	SIGNATURE OF RESPONSIBLE PHYSICIAN [Signature]
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