

TYPE
OR PRINT
IN
PERMANENT
BLACK OR
BLUE-BLACK INK

STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH

Death
Number

Local File
Number

State File
Number 1.

110-04018253

2. CHILD'S NAME: FIRST 3. MIDDLE 4. LAST 5. JR., III, ETC. 6. SEX (M or F) 7. DATE OF BIRTH (Mo., Day, Year)

Charles

Auguste

Simon

Male

February 29, 2004

CHILD

8. TIME OF BIRTH

03:32 AM

9. THIS BIRTH (Single, Twin, Triplet, Etc.)

Single

10. IF NOT SINGLE SPECIFY BIRTH ORDER

11. CITY, TOWN, OR LOCATION OF BIRTH

Dublin

13. IF NOT HOSPITAL, Specify

12. HOSPITAL FACILITY NAME (If not Hospital, give Street and Number)

Fairview Park Hospital

14. COUNTY OF BIRTH

Laurens

MOTHER

15. MOTHER'S NAME FIRST

Carolyn

16. MIDDLE

Jane

17. LAST

Simon

18. MAIDEN (Last Name)

Alvarez

19. DATE OF BIRTH (Mo., Day, Year)

March 15, 1968

20. STATE OF BIRTH (If not U.S.A., Name Country)

New Jersey

21. RESIDENCE-STATE

Georgia

22. COUNTY

Treutlen

23. CITY, TOWN OR LOCATION

Soperton

24. STREET AND NUMBER OF RESIDENCE

1101 Mt. Vernon Road

25. MOTHER'S MAILING ADDRESS-IF SAME AS ABOVE, ENTER ZIP CODE

30457

26. RESIDENCE INSIDE CITY LIMITS? (Yes or No)

No

FATHER

27. FATHER'S NAME FIRST

Claude

28. MIDDLE

Anthony Claireaux

29. LAST, JR., ETC.

Simon

30. DATE OF BIRTH (Mo., Day, Year)

March 5, 1956

31. STATE OF BIRTH (If not U.S.A., Name Country)

New York

32a. INFORMANT'S NAME (Type or Print)

Carolyn Simon

32b. RELATION TO CHILD

Mother

33. PARENTS AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER.

(Yes or No) Yes

CERTIFIER

34. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature)

Sandra W. Stokes

35. DATE SIGNED (Mo., Day, Year)

3/2/04

36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print)

(Name) Michael J. Karoly

37. (Title)

M.D.

38. CERTIFIER (Type or Print)

(Name)
(Title)

Sandra W. Stokes
Birth Cert. Clerk

39. PHYSICIAN'S MEDICAL LIC. NO.

40. CERTIFIER-MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)

200 Industrial Blvd.
Dublin, Ga 31021

REGISTRAR

41. REGISTRAR (Signature)

Sandra W. Stokes

42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year)

3/2/04

Form 3901A
(Rev. 7-1-92)

DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

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Julie D. Biddy
STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian:

Issued by:

Date Issued:

Michelle Horden
Michelle Horden
October 14, 2004

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