

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.
CHILD	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
	8. TIME OF BIRTH	9. THIS BIRTH (Single, Twin, Triplet, Etc.)			10. IF NOT SINGLE SPECIFY BIRTH ORDER	
	03:32 AM	Single				
MOTHER	11. CITY, TOWN, OR LOCATION OF BIRTH			12. HOSPITAL FACILITY NAME (If not Hospital, give Street and Number)		
	Dublin			Fairview Park Hospital		
	13. IF NOT HOSPITAL, Specify			14. COUNTY OF BIRTH		
				Larens		
FATHER	15. MOTHER'S NAME FIRST	16. MIDDLE	17. LAST	18. MAIDEN (Last Name)		
	Carolyn	Jane	Simon	Alvarez		
	19. DATE OF BIRTH (Mo., Day, Year)	20. STATE OF BIRTH (If not U.S.A., Name Country)	21. RESIDENCE-STATE	22. COUNTY		
	March 15, 1968	New Jersey	Georgia	Treutlen		
CERTIFIER	23. CITY, TOWN OR LOCATION			24. STREET AND NUMBER OF RESIDENCE		
	Soperton			1101 Mt. Vernon Road		
	25. MOTHER'S MAILING ADDRESS-IF SAME AS ABOVE, ENTER ZIP CODE			26. RESIDENCE INSIDE CITY LIMITS? (Yes or No)		
	30457			No		
REGISTRAR	27. FATHER'S NAME FIRST	28. MIDDLE	29. LAST, JR., ETC.	30. DATE OF BIRTH (Mo., Day, Year)	31. STATE OF BIRTH (If not U.S.A., Name Country)	
	Claude	Anthony Claireaux	Simon	March 5, 1956	New York	
	32a. INFORMANT'S NAME (Type or Print)			32b. RELATION TO CHILD		
	Carolyn Simon			Mother		
	34. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature)			35. DATE SIGNED (Mo., Day, Year)	36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print)	
	<i>Sandra W. Stokes</i>			3/2/04	(Name) Michael J. Karoly	
	(Name) (Title) Sandra W. Stokes Birth Cert. Clerk			39. PHYSICIAN'S MEDICAL LIC. NO.	37. (Title) M.D.	
	41. REGISTRAR (Signature)			40. CERTIFIER-MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	<i>Sandra W. Stokes</i>			200 Industrial Blvd. Dublin, Ga 31021		
	42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year)			3/2/04		

Form 3901A
(Rev. 7-1-02)

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

County Custodian:

Issued by:

Date Issued:

Melinda Martin

Melinda Martin

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