

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.	
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)
Henry		Victor		Simon	Male	April 22, 2006	
CHILD	8. TIME OF BIRTH		9. THIS BIRTH (Single, Twin, Triplet, Etc.)		10. IF NOT SINGLE SPECIFY BIRTH ORDER		
	12:25 PM		Single				
	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			
				Laurens			
MOTHER	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	
23. CITY, TOWN OR LOCATION				24. STREET AND NUMBER OF RESIDENCE			
Soperton				1101 Mount Vernon Road			
25. MOTHER'S MAILING ADDRESS-IF SAME AS ABOVE, ENTER ZIP CODE						26. RESIDENCE INSIDE CITY LIMITS? (Yes or No)	
30457						No	
FATHER	27. FATHER'S NAME FIRST		28. MIDDLE		29. LAST, JR., ETC.		30. DATE OF BIRTH (Mo., Day, Year)
	Claude		Anthony Claireaux		Simon		March 5, 1956
	31. STATE OF BIRTH (If not U.S.A., Name Country)		32a. INFORMANT'S NAME (Type or Print)		32b. RELATION TO CHILD		33. PARENTS AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER. (Yes or No)
New York		Carolyn Simon		Mother		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)			35. DATE SIGNED (Mo., Day, Year)		36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) (Name)	
	<i>Sandra W. Stokes</i>			4/24/06		Sreekanth Kavuri	
	37. (Title)			38. CERTIFIER (Type or Print) (Name) (Title)		39. PHYSICIAN'S MEDICAL LIC. NO.	
M.D.			Sandra W. Stokes Birth Cert. Clerk		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)					42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year)	
	<i>Sandra W. Stokes</i>					4/24/06	

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

DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

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STATE REGISTRAR AND CUSTODIAN  
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian: *Mable Harmon*  
Issued by: *Daphenia Harmon*  
Date Issued: *June 05, 2007*

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