

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. 110-06041097

2. CHILD'S NAME: FIRST 3. MIDDLE 4. LAST Henry Victor Simon				5. JR., III, ETC. 6. SEX (M or F) Male	7. DATE OF BIRTH (Mo., Day, Year) April 22, 2006
CHILD	8. TIME OF BIRTH 12:25 PM	9. THIS BIRTH (Single, Twin, Triplet, Etc.) Single		10. IF NOT SINGLE SPECIFY BIRTH ORDER	
	11. CITY, TOWN, OR LOCATION OF BIRTH Dublin		12. HOSPITAL FACILITY NAME (If not Hospital, give Street and Number) Fairview Park Hospital		
MOTHER	13. IF NOT HOSPITAL, Specify		14. COUNTY OF BIRTH Laurens		
	15. MOTHER'S NAME FIRST Carolyn	16. MIDDLE Jane	17. LAST Simon	18. MAIDEN (Last Name) Alvarez	
FATHER	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 Mount Vernon Road		
25. MOTHER'S MAILING ADDRESS-IF SAME AS ABOVE, ENTER ZIP CODE 30457				26. RESIDENCE INSIDE CITY LIMITS? (Yes or No) No	
CERTIFIER	27. FATHER'S NAME FIRST Claude	28. MIDDLE Anthony	29. LAST, JR., ETC. Claireaux	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
REGISTRAR	34. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature) <i>Sandra W. Stokes</i>			35. DATE SIGNED (Mo., Day, Year) <i>4/24/06</i>	36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) (Name) Sreekanth Kavuri (Title) M.D.
	38. CERTIFIER (Type or Print) (Name) Sandra W. Stokes (Title) 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	
41. REGISTRAR (Signature) <i>Sandra W. Stokes</i>				42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year) <i>4/24/06</i>	

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

DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

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Phil D. White

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

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

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