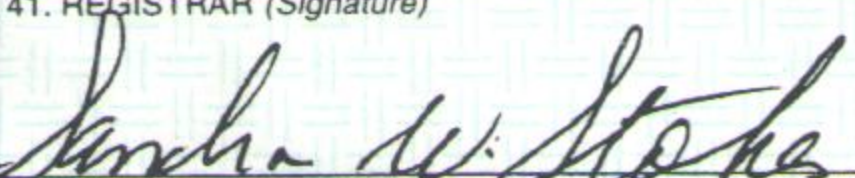


TYPE
OR PRINT
IN
PERMANENT
BLACK OR
BLUE-BLACK INK

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)	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		33. PARENTS AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER.	
Carolyn Simon			Mother		(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)		35. DATE SIGNED (Mo., Day, Year)		36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print)	
			4/24/06		Sreekanth Kavuri	
38. CERTIFIER (Type or Print)		39. PHYSICIAN'S MEDICAL LIC. NO.		40. CERTIFIER-MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
(Name) Sandra W. Stokes				200 Industrial Blvd.		
(Title) Birth Cert. Clerk				Dublin, Ga 31021		
REGISTRAR	41. REGISTRAR (Signature)				42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year)	
					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:

Issued by:

Date Issued:

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