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

CHILD

- 2. CHILD'S NAME: FIRST: Henry
- 3. MIDDLE: Victor
- 4. LAST: Simon
- 5. JR., III, ETC.:
- 6. SEX (M or F): Male
- 7. DATE OF BIRTH (Mo., Day, Year): April 22, 2006
- 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
- 13. IF NOT HOSPITAL, Specify:
- 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 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

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): 4/24/06
- 36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) (Name): Sreekanth Kavuri
- 37. (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

REGISTRAR

- 41. REGISTRAR (Signature): Sandra W. Stokes
- 42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year): 4/24/06

DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

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

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STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian: Mable Harden

Issued by: Daphenia Harmon

Date Issued: June 05, 2007

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