CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH	Death Number	Local File Number	1. State File Number
			2012GA000118509

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)
KAI	JENAE	LAWSON		FEMALE	11/26/2012

8. TIME OF BIRTH	9. THIS BIRTH (Single,Twin,Triplet, Etc.)	10.IF NOT SINGLE SPECIFY BIRTH ORDER
05:54 PM	SINGLE	

11.CITY,TOWN, OR LOCATION OF BIRTH	12. HOSPITAL FACILITY NAME (If not Hospital,give street and Number.)
MARIETTA	WELLSTAR KENNESTONE HOSPITAL
13. IF NOT HOSPITAL,Specify	**14. COUNTY OF BIRTH**
HOSPITAL	COBB

15.MOTHER'S NAME FIRST	16. MIDDLE	17.LAST	18.MAIDEN (Last Name)
MELICIA	JENIEL	LAWSON	KELLY

19.DATE OF BIRTH (Month.,Day,Year)	20.STATE OF BIRTH (If not U.S.A .,Name Country)	21. RESIDENCE - STATE	22. COUNTY
04/24/1988	JAMAICA	GEORGIA	COBB

23. CITY,TOWN OR LOCATION	24.STREET AND NUMBER OF RESIDENCE
MARIETTA	2641 CALLAWAY RD

25.MOTHER'S MAILING ADDRESS				26.RESIDENCE INSIDE CITY LIMITS? (Yes or No)
2641 CALLAWAY RD	MARIETTA	GEORGIA	30008	YES

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)
WAYNE	MARIO	LAWSON	06/29/1964	JAMAICA

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.
MELICIA LAWSON	MOTHER	(Yes or No) YES

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)
Electronically signed by BARBARA MATHIS	12/03/2012	(Name) ROMERO NICHOLSON 37.(Title) MD

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) BARBARA MATHIS (Title) BIRTH RECORD CLERK	030844	677 CHURCH STREET MARIETTA, GA 30060

41. REGISTRAR (Signature)	42. DATE RECEIVED BY STATE REGISTRAR (Mo.,Day,Year)
Electronically signed by /S/ Deborah C. Aderhold	12/04/2012

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, VITAL RECORDS SERVICE Form 3901A (Rev. 7-1-92)

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Deborah C. Aderhold
State Registrar

County Registrar

STATE OFFICE VITAL RECORDS

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND, EMBOSSED SEAL AND THERMOCHROMIC INK. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

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STATE OF GEORGIA 1776

Form 3972 (Rev.7/11)

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