NAME OF GUARDIAN

ADDRESS

EMAIL ADDRESS

OCCUPATION

EMPLOYER'S NAME

RELATIONSHIP TO STUDENT

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

OFFICE of VITAL STATISTICS

CERTIFICATION OF BIRTH

STATE FILE NUMBER: **109-2012-199913** DATE FILED: **December 13, 2012**

CHILD'S INFORMATION

NAME: **KAIDENEIL LEROI JHON ALEXANDER FEARON**

DATE OF BIRTH: **December 12, 2012** TIME OF BIRTH (24 HOUR): **1251**

SEX: **MALE** BIRTH WEIGHT: **7 LBS 11 OZ**

PLACE OF BIRTH: **HOSPITAL**
MEMORIAL HOSPITAL WEST

CITY, COUNTY OF BIRTH: **PEMBROKE PINES, BROWARD COUNTY**

MOTHER'S INFORMATION

MAIDEN NAME: **KEMEILA KASHEIA EWERS**

DATE OF BIRTH: **May 24, 1978**

BIRTHPLACE: **JAMAICA**

FATHER'S INFORMATION

NAME: **ONEIL FEARON**

DATE OF BIRTH: **February 11, 1978**

BIRTHPLACE: **JAMAICA**

DATE ISSUED: **July 10, 2013**

C. Meade Jr., **State Registrar**

REQ: **2013975395**

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF HEALTH

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Alexander

Is your child taking any medications? YES ☐ NO ☑

If yes, please list (with frequency and duration). _____

Menarche: YES ☐ NO ☐ N/A ☑ **If yes, LMP:** _____

Has your daughter ever experienced dysmenorrhea? YES ☐ NO ☐

If yes, please state medication prescribed for same: _____