STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH	Death Number	Local File Number	1. State File Number 2010GA000114841

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)
CAYDEN	DWAYNE GIBSON	ARNOLD		MALE	11/10/2010

8. TIME OF BIRTH	9. THIS BIRTH (Single,Twin,Triplet, Etc.)	10.IF NOT SINGLE SPECIFY BIRTH ORDER
10:28 PM	SINGLE	

11.CITY,TOWN, OR LOCATION OF BIRTH	12. HOSPITAL FACILITY NAME (If not Hospital,give street and Number.)
CONYERS	ROCKDALE MEDICAL CENTER

13. IF NOT HOSPITAL,Specify	14. COUNTY OF BIRTH
HOSPITAL	ROCKDALE

15.MOTHER'S NAME FIRST	16. MIDDLE	17.LAST	18.MAIDEN (Last Name)
CARLA	ASHLEY-ANNE	GIBSON	GIBSON

19.DATE OF BIRTH (Month.,Day,Year)	20.STATE OF BIRTH (If not U.S.A.,Name Country)	21. RESIDENCE - STATE	22. COUNTY
12/30/1991	NEW YORK	GEORGIA	NEWTON

23. CITY,TOWN OR LOCATION	24.STREET AND NUMBER OF RESIDENCE
COVINGTON	50 GREEN GABLES DR

25.MOTHER'S MAILING ADDRESS				26.RESIDENCE INSIDE CITY LIMITS? (Yes or No)
50 GREEN GABLES DR	COVINGTON	GEORGIA	30016	UNKNOWN

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)
DWAYNE	RICARDO	ARNOLD	06/25/1986	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.
CARLA A GIBSON	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 JULIA A BERRY	11/16/2010	(Name) RICHARD ROBINSON 37.(Title) MD

38. CERTIFIER (Type or Print) (Name) JULIA A BERRY (Title) DEPUTY REGISTRAR	39. PHYSICIAN'S MEDICAL LIC. NO. 038936	40. CERTIFIER-MAILING ADDRESS (Street or R.F.D No., City or Town,State, Zip) 1412 MILSTEAD AVE CONYERS GA 30012

41. REGISTRAR (Signature)	42. DATE RECEIVED BY STATE REGISTRAR (Mo.,Day,Year)
Electronically signed by /S/ Kenneth Bramlett	11/16/2010

GEORGIA DEPARTMENT OF COMMUNITY HEALTH, VITAL RECORDS SERVICE Form 3903A (Rev. 7-1-92)

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Kenneth Bramlett

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian: Donna B Frost

Issued by: Angela J. Giorgi

Date Issued: December 10, 2010

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