TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH

Death Number	Local File Number	1. State File Number
		2010GA000100101

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)
RIVER	JOSIAH-NYLE	EDWARDS		MALE	09/29/2010

8. TIME OF BIRTH	9. THIS BIRTH (Single,Twin,Triplet, Etc.)	10.IF NOT SINGLE SPECIFY BIRTH ORDER
16:18 MILITARY	SINGLE	

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

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

15.MOTHER'S NAME FIRST	16. MIDDLE	17.LAST	18.MAIDEN (Last Name)
TERRY-ANN	ALIETH	ARNOLD	ARNOLD

19.DATE OF BIRTH (Month.,Day,Year)	20.STATE OF BIRTH (If not U.S.A.,Name Country)	21. RESIDENCE - STATE	22. COUNTY
11/07/1979	JAMAICA	GEORGIA	ROCKDALE

23. CITY,TOWN OR LOCATION	24.STREET AND NUMBER OF RESIDENCE
CONYERS	1900 CRESCENT MOON DRIVE

25.MOTHER'S MAILING ADDRESS				26.RESIDENCE INSIDE CITY LIMITS? (Yes or No)
1900 CRESCENT MOON DRIVE	CONYERS	GEORGIA	30012	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)
COLLIN	DEMAR DAVID	EDWARDS	09/28/1982	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.
TERRY-ANN A ARNOLD	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 KRISTENE R STRATON	10/07/2010	(Name) CATHY LARRIMORE 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) KRISTENE R STRATON (Title) HIM SPECIALIST	038836	5126 HOSPITAL DRIVE NE COVINGTON GA 30014

41. REGISTRAR (Signature)	42. DATE RECEIVED BY STATE REGISTRAR (Mo.,Day,Year)
Electronically signed by /S/ Kenneth Bramlett	10/07/2010

DEPARTMENT OF HUMAN RESOURCES,VITAL RECORDS SERVICE

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

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Kenneth Bramlett

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian: Henry A. Baker

Issued by:

Date Issued: October 18, 2010

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