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 2011GA000058214

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)
JADEN	PATRICK	VIRTUE		MALE	06/17/2011

8. TIME OF BIRTH	9. THIS BIRTH (Single,Twin,Triplet, Etc.)	10.IF NOT SINGLE SPECIFY BIRTH ORDER
14:59 MILITARY	SINGLE	

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

15.MOTHER'S NAME FIRST	16. MIDDLE	17.LAST	18.MAIDEN (Last Name)
RAQUEL	DIANE	VIRTUE	ORMSBY

19.DATE OF BIRTH (Month.,Day,Year)	20.STATE OF BIRTH (If not U.S.A.,Name Country)	21. RESIDENCE - STATE	22. COUNTY
07/07/1980	JAMAICA	GEORGIA	COBB

23. CITY,TOWN OR LOCATION	24.STREET AND NUMBER OF RESIDENCE
KENNESAW	466 BOTTESFORD DR

25.MOTHER'S MAILING ADDRESS				26.RESIDENCE INSIDE CITY LIMITS? (Yes or No)
466 BOTTESFORD DR	KENNESAW	GEORGIA	30144	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)
ANDRE	PATRICK JOHAN	VIRTUE	05/23/1976	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.
RAQUEL D VIRTUE	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 ANNETTE DAVIS	06/21/2011	(Name) MARIN M HONORE 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) ANNETTE DAVIS (Title) BIRTH RECORD CLERK	062996	1000 JOHNSON FERRY ROAD NE ATLANTA, GA 30342

41. REGISTRAR (Signature)	42. DATE RECEIVED BY STATE REGISTRAR (Mo.,Day,Year)
Electronically signed by /S/ Deborah C. Aderhold	06/21/2011

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

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF COMMUNITY HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 290-1-3, DCH RULES AND REGULATIONS.

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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.

CB43724

JUN 27 2011

STATE OF GEORGIA 1776

Form 3972 (Rev.8/10)

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