

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 2014GA000218023
2. CHILD'S NAME: FIRST 3. MIDDLE 4. LAST 5. JR., III, ETC. DAMONTE FRANKLIN BREWER				6. SEX (M or F) MALE	7. DATE OF BIRTH (Mo., Day, Year) 07/04/2014
8. TIME OF BIRTH 18:06 MILITARY	9. THIS BIRTH (Single, Twin, Triplet, Etc.) SINGLE		10. IF NOT SINGLE SPECIFY BIRTH ORDER		
11. CITY, TOWN, OR LOCATION OF BIRTH ATLANTA			12. HOSPITAL FACILITY NAME (If not Hospital, give street and Number.) PIEDMONT HOSPITAL		
13. IF NOT HOSPITAL, Specify			14. COUNTY OF BIRTH FULTON		
15. MOTHER'S NAME FIRST 16. MIDDLE 17. LAST MARQUISHA FRANTASIA HENDERSON				18. MAIDEN (Last Name) HENDERSON	
19. DATE OF BIRTH (Month, Day, Year) 07/10/1994	20. STATE OF BIRTH (If not U.S.A., Name Country) GEORGIA	21. RESIDENCE - STATE GEORGIA		22. COUNTY FULTON	
23. CITY, TOWN OR LOCATION ATLANTA			24. STREET AND NUMBER OF RESIDENCE 3010 IMPERIAL COURT SW		
25. MOTHER'S MAILING ADDRESS 3010 IMPERIAL COURT SW ATLANTA GEORGIA 30311				26. RESIDENCE INSIDE CITY LIMITS? (yes or No) YES	
27. FATHER'S NAME FIRST 28. MIDDLE 29. LAST, JR., ETC. DAVID EDWARD BREWER				30. DATE OF BIRTH (Month, Day, Year) 09/19/1991	31. STATE OF BIRTH (If not U.S.A., Name Country) GEORGIA
32a. INFORMANT'S NAME (Type or Print) DEMONTE FRANKLIN BREWER		32b. RELATION TO CHILD MOTHER		33. PARENTS AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER. (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) Electronically signed by /S/ TAMEKIA B LEWIS			35. DATE SIGNED (Mo., Day, Year) 07/09/2014	36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) (Name) JANET DARLING (Title) CNM/CM	
38. CERTIFIER (Type or Print) (Name) TAMEKIA B LEWIS (Title) BIRTH RECORD CLERK		39. PHYSICIAN'S MEDICAL LIC. NO.		40. CERTIFIER-MAILING ADDRESS (Street or R.F.D No., City or Town, State, Zip) 1968 PEACHTREE ROAD ATLANTA GEORGIA 30309	
41. REGISTRAR (Signature) Electronically signed by /S/ DONNA L. MOORE			42. DATE RECEIVED BY STATE REGISTRAR (Mo., Day, Year) 07/09/2014		

GEORGIA DEPARTMENT OF PUBLIC HEALTH, VITAL RECORDS SERVICE

Form 3901A (Rev. 01/2013)

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 PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 511-1-3, DPH RULES AND REGULATIONS. Any reproduction of this document is prohibited by statute. Do not accept unless on security paper with seal of Vital Records clearly embossed. Chapter 31-10, Code of Georgia as amended.

Donna L. Moore
State Registrar

Ima Atkinson
County Registrar

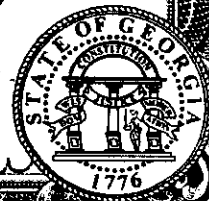
WARNING:

OCT 09 2015

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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Form 3972 (Rev. 5/15)