

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

BUREAU of VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH
FLORIDA 109—

8 9 0 8 8 8 2 1

LOCAL FILE NO. 015017

1. CHILD'S NAME (First, Middle, Last) Jabari Fletcher		2. DATE OF BIRTH (Month, Day, Year) June 23, 1989	3. TIME OF BIRTH 6:03 P M
4. SEX Male	5. CITY, TOWN OR LOCATION OF BIRTH Miami		6. COUNTY OF BIRTH Dade
7. PLACE OF BIRTH: <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> FREESTANDING BIRTHING CENTER <input type="checkbox"/> CLINIC/DOCTOR'S OFFICE <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER		8. FACILITY NAME (If not institution, give street and number) Jackson Memorial Hospital	
10. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED. SIGNATURE: <i>Mona-Lissa Pailliere</i>		11. DATE SIGNED (Month, Day, Year) June 25, 1989	12. CERTIFIER'S NAME AND TITLE (Type/Print) NAME <u>Mona-Lissa Pailliere</u> <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> C.N.M. <input type="checkbox"/> OTHER MIDWIFE <input checked="" type="checkbox"/> OTHER (Specify) <u>Clerk</u>
13. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) Name <u>Staff Physician</u> <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/> Specify if other:		14. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jackson Memorial Hospital 1611 N.W. 12 Ave. Miami, Fla. 33136	
15. REGISTRAR'S SIGNATURE <i>Maurice Darden</i>		16. DATE REGISTERED BY REGISTRAR (Month, Day, Year) JUL - 6 1989	
17a. MOTHER'S NAME (First, Middle, Last) Latasha V. Kendricks		17b. MAIDEN SURNAME Kendricks	
18. DATE OF BIRTH (Month, Day, Year) July 7, 1971	19. BIRTHPLACE (State or Foreign Country) Florida	20a. RESIDENCE — STATE Florida	20b. COUNTY Dade
20c. CITY, TOWN, OR LOCATION Miami	20d. STREET AND NUMBER 1177 N.W. 8 St Rd	20e. APT. NO. 6	20f. INSIDE CITY LIMITS? (Yes or No) Yes
20g. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) 33136			
21. FATHER'S NAME (First, Middle, Last)		22. DATE OF BIRTH (Month, Day, Year)	23. BIRTHPLACE (State or Foreign Country)
24. PARENT(S) REQUEST THAT A SOCIAL SECURITY NUMBER BE ISSUED FOR THIS CHILD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		25. PARENT(S) AUTHORIZE RELEASE OF CHILD'S SOCIAL SECURITY NUMBER TO THE OFFICE OF VITAL STATISTICS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
26a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE. SIGNATURE OF PARENT: <i>Latasha Kendricks</i>		26b. MOTHER	26c. FATHER

VOID IF ALTERED OR ERASED

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Ken Jones, STATE REGISTRAR

DATE ISSUED: December 13, 2021
REQ: 2023445342

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

WARNING:



DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

