

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

MATCHING DC

REGISTRATION DISTRICT NO.	1624
REGISTERED NUMBER	1589

CERTIFICATE OF LIVE BIRTH

STATE OF ILLINOIS CHILD'S BIRTH NUMBER 2003 077409 112-

1. CHILD'S NAME: FIRST **JALEN** MIDDLE **RONNELL** LAST **GALLOWAY** Galloway

2. DATE OF BIRTH (MONTH, DAY, YEAR) **Sept. 7, 2003**

3. TIME OF BIRTH **07:50P** M

4. SEX **Male**

5. CHILD'S BLOOD TYPE **-**

6. CITY, TOWN, TWP., ROAD DIST. NO., OR LOCATION OF BIRTH: **Oak Park**

7. COUNTY OF BIRTH: **Cook**

8. PLACE OF BIRTH: **Hospital**

9. FACILITY NAME (IF NOT INSTITUTION, GIVE STREET AND NUMBER): **West Suburban Hospital MC**

I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED. (SIGNATURE OPTIONAL)

10a. CERTIFIER'S NAME AND TITLE (TYPE/PRINT): **LISA HAZZIEZ CLERK**

10b. DATE SIGNED (MONTH, DAY, YEAR):

10c. ILLINOIS LICENSE NUMBER:

11. ATTENDANT'S NAME AND TITLE (IF OTHER THAN CERTIFIER) (TYPE/PRINT): **PAUL LUNING M. D.**

11. ATTENDANT'S MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE): **14 W. LAKE STREET OAK PARK IL 60302**

12. LOCAL REGISTRAR'S SIGNATURE: *Margarita Polyak, Ph.D.*

15. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **SEP 26 2003**

14. MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST): **Patrice LEWIS**

17. DATE OF BIRTH (MONTH, DAY, YEAR): **02/06/1984**

18. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **ILLINOIS**

16. RESIDENCE-STREET AND NUMBER: **305 W HARRISON**

19b. CITY, TOWN, TWP., OR ROAD DIST. NO.: **CHICAGO**

19c. INSIDE CITY (YES/NO): **YES**

19a. COUNTY: **COOK**

19e. STATE: **IL**

19f. MOTHER'S MAILING ADDRESS (IF SAME AS RESIDENCE, ENTER ZIP CODE ONLY): **60644**

Amended: **3-4-04 MAM**

19d. FATHER'S NAME (FIRST, MIDDLE, LAST): **RONNELL MAURICE GALLOWAY**

21. DATE OF BIRTH (MONTH, DAY, YEAR): **12/20/1980**

22. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **ILLINOIS**

I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

23. INFORMANT'S SIGNATURE (OPTIONAL)

128481

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED

March 4, 2004

Eric E. Whitaker M.D.

ERIC E. WHITAKER, M.D. STATE REGISTRAR



