

DEPARTMENT OF SOCIAL SERVICES - MISSOURI DIVISION OF HEALTH
CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER
124 78 207440

FILED NOV 2 1978

REGISTRATION DISTRICT NO.		PRIMARY REGISTRATION DISTRICT NO.		REGISTRAR'S NO.		
VS 100 Rev 1/78	1. CHILD-NAME FIRST MIDDLE LAST Issac Ray Sandlin		2. SEX Male	3. DATE OF BIRTH (Mo., Day, Yr.) HOUR Oct. 16, 1978 7:50 P		
CHILD	4. HOSPITAL-NAME (If not in hospital, give street and number) Homer G. Phillips Hospital		5. CITY, TOWN OR LOCATION OF BIRTH Saint Louis		6. COUNTY OF BIRTH —	
I certify that the stated information concerning this child is true to the best of my knowledge and belief.		DATE SIGNED (Mo., Day, Yr.) 10/20/78		NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (If not present) M.D.		
CERTIFIER	5a. (Signature) <i>M.H. Meadors</i>		5b. MO. LICENSE NO. 35758		5c. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2601 N. Whittier St. Louis, Mo. 63113	
5d. CERTIFIER-NAME AND TITLE (Type or print) Michael H. Meadors, M.D.		5e. REGISTRAR <i>Helen L. Bryant, M.D.</i>		6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year) OCT 31 1978		
7a. MOTHER-MAIDEN NAME FIRST MIDDLE LAST Tonzetta Deborah Wright		7b. AGE (At time of this birth) 18		7c. STATE OF BIRTH (If not in U.S.A., name country) Missouri		
MOTHER	8a. RESIDENCE-STATE Missouri	8b. COUNTY —	8c. CITY, TOWN OR LOCATION Saint Louis		8d. STREET AND NUMBER OF RESIDENCE 1823 N. Taylor	
9. MOTHER'S MAILING ADDRESS-If same as above, enter Zip Code only 63106		10a. FATHER-NAME FIRST MIDDLE LAST Carl Ray Sandlin		10b. AGE (At time of this birth) 28		
FATHER	10c. STATE OF BIRTH (If not in U.S.A., name country) Tennessee		11a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Father or other informant) <i>Tonzetta Deborah Sandlin</i>		11b. RELATION TO CHILD Mother	
TYPE						

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
 (Do not accept if reproduced or if seal impression cannot be felt.)

STATE OF MISSOURI } ss
 CITY OF JEFFERSON

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health and Senior Services. Witness my hand as State Registrar of Vital Records and the Seal of the Missouri Department of Health and Senior Services this date of

SEP 05 2023

MO 580-1241 (9-2022)

Dylan R. Bryant
 Dylan R. Bryant, State Registrar & Chief

VS-804



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