

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 2019GA000025165
2. CHILD'S NAME: FIRST 3. MIDDLE 4. LAST 5. JR., III, ETC. TIQVAH SHALOM TAYLOR				6. SEX (M or F) FEMALE	7. DATE OF BIRTH (Mo., Day, Year) 03/13/2019
8. TIME OF BIRTH 07:50 MILITARY	9. THIS BIRTH (Single, Twin, Triplet, Etc.) SINGLE			10. IF NOT SINGLE SPECIFY BIRTH ORDER	
11. CITY, TOWN, OR LOCATION OF BIRTH BRASELTON			12. HOSPITAL FACILITY NAME (If not Hospital, give street and Number.) NORTHEAST GEORGIA MEDICAL CENTER - BRASELTON		
13. IF NOT HOSPITAL, Specify			14. COUNTY OF BIRTH HALL		
15. MOTHER'S NAME FIRST 16. MIDDLE 17. LAST JASMINE AUTUMNE PARAMORE				18. MAIDEN (Last Name) PARAMORE	
19. DATE OF BIRTH (Month, Day, Year) 10/17/1995	20. STATE OF BIRTH (If not U.S.A., Name Country) ILLINOIS	21. RESIDENCE - STATE GEORGIA		22. COUNTY GWINNETT	
23. CITY, TOWN OR LOCATION AUBURN			24. STREET AND NUMBER OF RESIDENCE 3600 TUPELO TRAIL		
25. MOTHER'S MAILING ADDRESS 3600 TUPELO TRAIL AUBURN GEORGIA 30011				26. RESIDENCE INSIDE CITY LIMITS? (yes or No) YES	
27. FATHER'S NAME FIRST 28. MIDDLE 29. LAST, JR., ETC. BRUCE TYSHON TAYLOR			30. DATE OF BIRTH (Month, Day, Year) 07/17/1982	31. STATE OF BIRTH (If not U.S.A., Name Country) NEW YORK	
32a. INFORMANT'S NAME (Type or Print) JASMINE AUTUMNE PARAMORE		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/ LAURA CLARK			35. DATE SIGNED (Mo., Day, Year) 03/15/2019	36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) (Name) JEFFREY R WARD	
38. CERTIFIER (Type or Print) (Name) LAURA CLARK (Title) HOSPITAL STAFF			39. PHYSICIAN'S MEDICAL LIC. NO.	40. CERTIFIER-MAILING ADDRESS (Street or R.F.D No., City or Town, State, Zip) 1400 RIVER PLACE BRASELTON GEORGIA 30517	
41. REGISTRAR (Signature) Electronically signed by /S/ CHRISTOPHER JP HARRISON			42. DATE RECEIVED BY STATE REGISTRAR (Mo., Day, Year) 03/19/2019		

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 GEORGIA DEPARTMENT OF PUBLIC HEALTH, STATE OFFICE OF VITAL RECORDS. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF THE CODE OF GEORGIA AND 511-1-3, DPH RULES AND REGULATIONS. Any reproduction of this document is prohibited by statute. Do not accept unless the words clearly embossed, Chapter 31-10, Code of Georgia as amended.



6317729

Christopher J. Harrison
State Registrar

Sheila V. Dennis
County Registrar



C6587880

WARNING:

DEC 30 2021

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.

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



VOID IF ALTERED OR COPIED

Form 3972 (Rev. 5/15)