

STATE OF MICHIGAN

CERTIFICATION OF VITAL RECORD

COUNTY OF WAYNE



STATE OF MICHIGAN DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF LIVE BIRTH

39

LF 04135

121 - STATE FILE NUMBER 7331577

CHILD:		1. CHILD - NAME (FIRST) (MIDDLE) (LAST)		Winn	
Clayvion		Clever			
2. SEX		3a. PLURALITY - SINGLE, TWIN, TRIFLET, ETC. (SPECIFY)		3b. IF NOT SINGLE - BORN 1ST, 2ND, 3RD, ETC. (SPECIFY)	
Male		Single			
PLACE:		4a. DATE OF BIRTH (Month, Day, Year)		4b. TIME OF BIRTH	
5a. HOSPITAL NAME - (IF NOT HOSPITAL GIVE STREET AND NUMBER)		5b. CITY, VILLAGE, OR TOWNSHIP OF BIRTH		5c. COUNTY OF BIRTH	
Hutzel Hospital		Detroit		Wayne	
CERTIFICATION:		6a. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE (DATE STATED ABOVE)		6b. CERTIFIER'S NAME & TITLE (print or type)	
SIGNATURE: <i>Janet Bicanich</i>		DATE: Feb 17, 92		Janet Bicanich, Dir. MRSD	
7a. REGISTRAR'S SIGNATURE: <i>Aloria F. Hansen</i>		7b. MAILING ADDRESS OF ATTENDANT (STREET NO., CITY OR VILLAGE, STATE, ZIP)		4707 St. Antoine Detroit, MI 48201	
8a. MOTHER'S NAME (FIRST, MIDDLE, LAST)		8b. SOCIAL SECURITY NUMBER		8c. STATE OF BIRTH - NAME COUNTRY IF NOT USA	
Genora Lynn Greene		367-86-2572		Michigan	
MOTHER:		9a. RESIDENCE (Check one box and specify)		9b. COUNTY	
9a. MOTHER - SURNAME BEFORE (FIRST MARRIED)		9c. INSIDE CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP. OF		9d. DATE OF BIRTH (Month, Day, Year)	
Greene		Detroit		Dec 09, 1971	
FATHER:		9e. SOCIAL SECURITY NUMBER		9f. STATE OF BIRTH - NAME COUNTRY IF NOT USA	
9a. FATHER'S NAME (FIRST, MIDDLE, LAST)				Wayne Michigan	
10a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF		10b. THE PARENT(S) REQUEST THAT INFORMATION ON THIS BIRTH BE RELEASED TO THE SOCIAL SECURITY ADMIN. FOR ISSUANCE OF A SOCIAL SECURITY NUMBER AND CARD.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

BY AUTHORITY ACT 368, P.A. 1978

8213P (3/89) MDPH

Form Number 7331577

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MAR 31 2021 DATE

I, CATHY M. GARRETT, CLERK OF SAID COUNTY OF WAYNE DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

Cathy M. Garrett CATHY M. GARRETT Wayne County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE