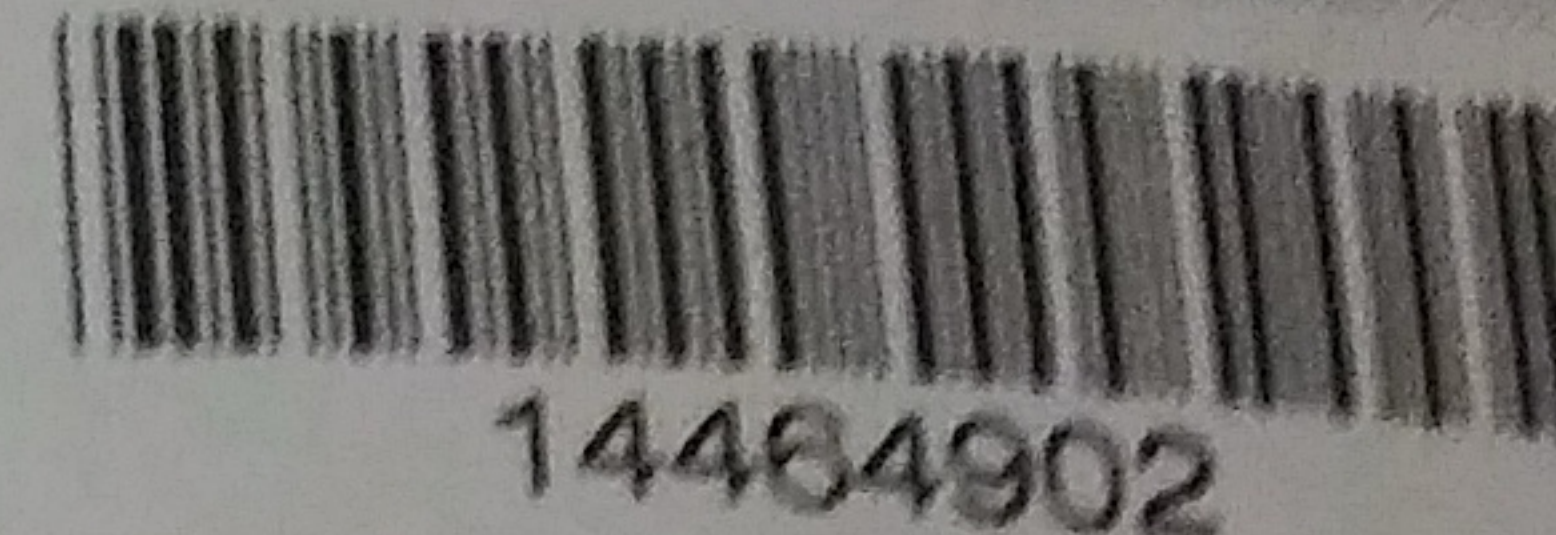


STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



08-021314

TYPE OR PRINT WITH BLACK INK	FILING DATE	CERTIFICATE OF LIVE BIRTH				STATE FILE NUMBER
	JUL 14 2008	STATE OF MISSISSIPPI				123-
CHILD <i>JH</i>	1 CHILD - NAME First Middle Last			2a DATE OF BIRTH (Month, Day, Year)	2b HOUR OF BIRTH	
	JAMYA JALIA BURGESS			07/07/2008	18:29	
	3 SEX	4a THIS BIRTH SINGLE, TWIN, ETC	4b IF NOT SINGLE BIRTH, BORN FIRST, ETC	5 BIRTH WEIGHT		
	FEMALE	SINGLE	0	6 lbs	9 ozs	OR grams
6a HOSPITAL OR CLINIC - NAME (If not in either, give street address or route number)			6b CITY OR TOWN OF BIRTH	6c COUNTY OF BIRTH		
ST DOMINIC JACKSON MEMORIAL HOSPITAL (258)			JACKSON	HINDS		
FATHER	7a FATHER - NAME First Middle Last			7b RACE (Specify)	7c DATE OF BIRTH	7d STATE OF BIRTH
	JOHNNY B BURGESS JR			BLACK	01/05/1988	MISSISSIPPI
MOTHER	8a MOTHER - NAME First Middle Maiden			8b RACE (Specify)	8c DATE OF BIRTH	8d STATE OF BIRTH
	JONDA VONTINA ROSS			BLACK	10/02/1982	MISSISSIPPI
FOR RESIDENCE TRANS, ENTER ACTUAL LOCATION OF HOME RATHER THAN MAILING ADDRESS	9a RESIDENCE - STATE	9b COUNTY	9c CITY OR TOWN	9d INSIDE CITY LIMITS (Specify yes or no)	9e STREET AND NUMBER OR RURAL LOCATION	
	MISSISSIPPI	HINDS	JACKSON	YES	4555 BOLLY DR APT 11	
	10a MAILING ADDRESS - STREET AND NUMBER OR ROUTE AND BOX NUMBER			10b CITY OR TOWN	10c STATE AND ZIP CODE	
235 CLARKS FARM ROAD			MADISON	MISSISSIPPI 39110		
INFORMANT	11a I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT			11b SOCIAL SECURITY CARD REQUESTED FOR NEWBORN	11c DATE SIGNED (Month, Day, Year)	
	SIGNATURE OF EITHER PARENT <i>Jonda Ross</i>			YES	7/8/08	
CERTIFIER	12a I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			12b DATE SIGNED (Month, Day, Year)	12c NAME AND TITLE OF PERSON WHO DELIVERED CHILD IF OTHER THAN CERTIFIER (Type or print)	
	SIGNATURE <i>Gwendolyn Harris</i>			7-8-2008	WALTER R WOLFE MD PHYSICIAN	
	12d CERTIFIER - NAME AND TITLE (Type or Print)			12e MAILING ADDRESS (Street and number or box number, City or Town, State, ZIP Code)		
	GWENDOLYN HARRIS, UNIT SECRETARY			969 LAZELAND DR JACKSON, MS 39216		

AMENDED BY AUTHORITY OF SEC 41-57-23 OR SEC 93-17-1, MISS. CODE OF 1972, 07/08/2008

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

FILE NAME: 200802131400
DATE ISSUED: MAY 24, 2021

Judy Moulder
Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

