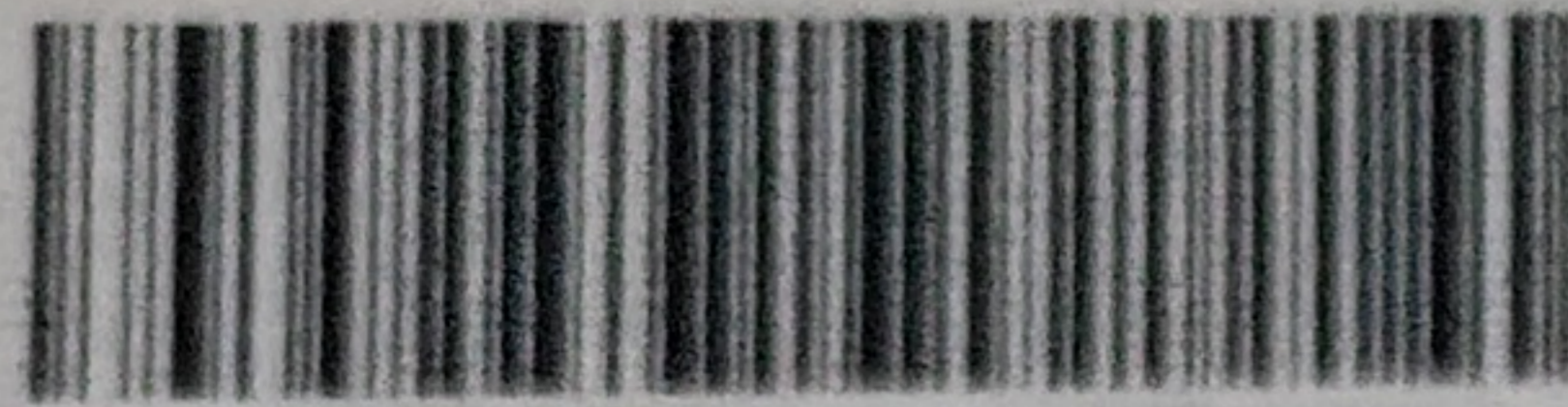


**STATE OF MISSISSIPPI
CERTIFICATION OF VITAL RECORD**



rhs-3877286-2-1



* 1 5 8 8 8 7 9 8 *

88-00798

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER **123**

TYPE OR PRINT WITH BLACK INK CHILD	REGISTRAR'S NUMBER		STATE OF MISSISSIPPI		2a. DATE OF BIRTH (Month, Day, Year)		2b. HOUR OF BIRTH		
	1. CHILD—NAME First Middle Last Johnny B. Burgess Jr.				January 5, 1988		3:10 p.m.		
	3. SEX Male	4a. THIS BIRTH SINGLE, TWIN, TRIPLET, ETC. (Specify) Single	4b. IF NOT SINGLE BIRTH, BORN FIRST, SECOND, ETC. (Specify)		5. BIRTH WEIGHT (Enter only in the type of measure on the scales used) lbs ozs OR 3140 grams				
	6a. HOSPITAL OR CLINIC—NAME (If not in either, give street address or route number) University Hospital 25U			6b. CITY OR TOWN OF BIRTH Jackson		6c. COUNTY OF BIRTH Hinds			
FATHER	7a. FATHER—NAME First Middle Last Johnny Burgess		7b. RACE (Specify White, Black, American Indian, etc.) Black		7c. AGE AT TIME OF THIS BIRTH 27		7d. STATE OF BIRTH Mississippi		
MOTHER	8a. MOTHER—NAME First Middle Maiden Mary Arlene Thompson		8b. RACE (Specify White, Black, American Indian, etc.) Black		8c. AGE AT TIME OF THIS BIRTH 34		8d. STATE OF BIRTH California		
	9a. RESIDENCE—STATE Mississippi		9b. COUNTY Hinds		9c. CITY OR TOWN Jackson		9d. INSIDE CITY LIMITS (Specify Yes or No) Yes		
	9e. STREET AND NUMBER OR RURAL LOCATION 137 South Green Avenue			10a. MAILING ADDRESS—STREET AND NUMBER OR ROUTE AND BOX NUMBER 137 South Green Avenue		10b. CITY OR TOWN Jackson		10c. STATE AND ZIP CODE Mississippi 39203	
INFORMANT	11a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT						11b. DATE SIGNED (Month, Day, Year)		
	SIGNATURE OF EITHER PARENT <i>Mary Arlene Burgess</i>		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)		
CERTIFIER	SIGNATURE <i>J. Tucker</i>		12d. CERTIFIER—NAME AND TITLE (Type or print) J. Tucker, M.D.		12e. MAILING ADDRESS (Street and number or box number, City or town, State, ZIP code) 2500 North State St., Jackson, Mississippi 39216-4501				
REGISTRAR	SIGNATURE <i>Marcy U. Terry</i>		13a. REGISTRAR		13b. DATE CERTIFICATE RECEIVED (Month, Day, Year) JAN 26 1988				

This is a true and correct reproduction of the document officially registered and placed on file with the Mississippi Bureau of Vital Records and Public Health Statistics.

ISSUED
FEBRUARY 7, 2024

Judy Moulder
Judy Moulder
State Registrar

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE