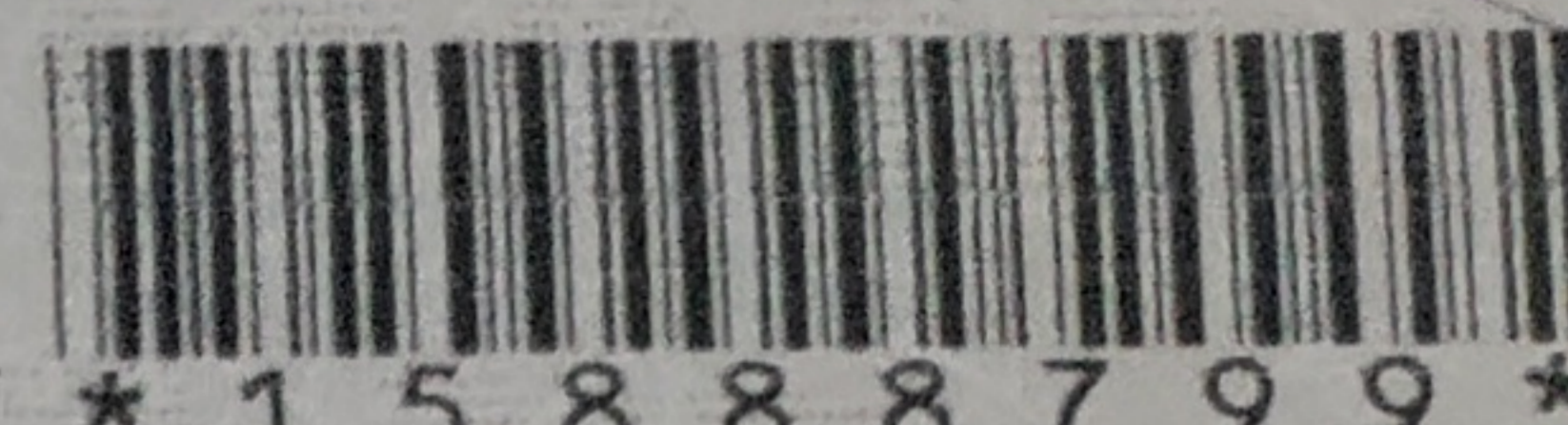


**STATE OF MISSISSIPPI**  
**CERTIFICATION OF VITAL RECORD**



rhs-3877286-1-1



\* 1 5 8 8 8 7 9 9 \*

**CERTIFICATE OF LIVE BIRTH**

STATE FILE NUMBER **123-82-33087**

TYPE OR PRINT WITH BLACK INK <b>CHILD</b>	REGISTRAR'S NUMBER <b>B-101691</b>	1. CHILD - NAME First Middle Last <b>JONDA VONTINA ROSS</b>		2a. DATE OF BIRTH (Month, Day, Year) <b>OCTOBER 2, 1982</b>	2b. HOUR OF BIRTH <b>1:33 A m.</b>
	3. SEX <b>FEMALE</b>	4a. THIS BIRTH SINGLE, TWIN, TRIPLET, ETC. (Specify) <b>SINGLE</b>	4b. IF NOT SINGLE BIRTH, BORN FIRST, SECOND, ETC. (Specify)	5. BIRTH WEIGHT (Enter only in the type of measure on the scales used) <b>5 lbs. 8 ozs. OR grams</b>	
		6a. CITY OR TOWN OF BIRTH (if not in either, give street address or route number) <b>NATCHEZ</b>		6b. COUNTY OF BIRTH <b>ADAMS</b>	
FATHER	7a. FATHER - NAME First Middle Last <b>JAMES MICKEY ROSS</b>	7b. RACE (Specify White, Black, American Indian, etc.) <b>BLACK</b>	7c. AGE AT TIME OF THIS BIRTH <b>53</b>	7d. STATE OF BIRTH <b>MISSISSIPPI</b>	
MOTHER	8a. MOTHER - NAME First Middle Maiden <b>ROSIE LEE COOKS</b>	8b. RACE (Specify White, Black, American Indian, etc.) <b>BLACK</b>	8c. AGE AT TIME OF THIS BIRTH <b>50</b>	8d. STATE OF BIRTH <b>MISSISSIPPI</b>	
	9a. RESIDENCE - STATE <b>MISSISSIPPI</b>	9b. COUNTY <b>ADAMS</b>	9c. CITY OR TOWN <b>NATCHEZ</b>	9d. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>	9e. STREET AND NUMBER OR RURAL LOCATION <b>1305 MASCAGNI AVENUE</b>
	10a. MAILING ADDRESS - STREET AND NUMBER OR ROUTE AND BOX NUMBER <b>1305 MASCAGNI AVENUE</b>			10b. CITY OR TOWN <b>NATCHEZ</b>	10c. STATE AND ZIP CODE <b>MISSISSIPPI 39120</b>
INFORMANT	11a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT SIGNATURE OF EITHER PARENT <i>[Signature]</i>			11b. DATE SIGNED (Month, Day, Year) <b>OCTOBER 3, 1982</b>	
CERTIFIER	12a. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF SIGNATURE <i>[Signature]</i>			12b. DATE SIGNED (Month, Day, Year) <b>OCTOBER 4, 1982</b>	
REGISTRAR	12c. REGISTRAR SIGNATURE <i>[Signature]</i>			13b. DATE CERTIFICATE RECEIVED (Month, Day, Year) <b>OCTOBER 13, 1982</b>	

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**

*[Signature]*  
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

