

VITAL RECORD  
VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

# STATE OF MARYLAND

Maryland Department of Health  
Division of Vital Records

## CERTIFICATE OF LIVE BIRTH

File No. 20100050179

1. CHILD'S NAME (First, Middle, Last Suffix) Caleb Addison Clay Monroe			
2. TIME OF BIRTH 12:07 AM	3. SEX M	4. BIRTHWEIGHT 5 LBS 15 OZ	5. DATE OF BIRTH (Mo/Day/Yr) 09/16/2010
6a. FACILITY NAME (If not institution, street and number) Mercy Medical Center			
6b. CITY, TOWN OR LOCATION OF BIRTH Baltimore		6c. COUNTY OF BIRTH Baltimore City	
7a. ATTENDANT'S NAME CYRUS LAWYER		7b. ATTENDANT'S TITLE Physician (MD, Resident, Intern)	
7c. CERTIFIER'S NAME CURTIS WATSON		7d. CERTIFIER'S TITLE FACILITY REGISTRAR	
7e. I certify that the above named child was born alive at the place and time on the date stated above. Electronic signature on file		7f. DATE SIGNED 09/17/2010	
8a. PARENT'S LEGAL NAME AT TIME OF CHILD'S BIRTH Latasha Renee Mccalop			
8b. PARENT'S DATE OF BIRTH (Mo/Day/Yr) 10/09/1982		8c. PARENT'S BIRTHPLACE (State, Territory, or Foreign Country) Maryland	
8d. PARENT'S NAME PRIOR TO FIRST MARRIAGE Latasha Renee Mccalop			
9a. STREET AND NUMBER OF PARENT'S RESIDENCE 3706 Reisterstown Rd		9b. APT. NO	9c. CITY, TOWN OR LOCATION Baltimore
9d. STATE, TERRITORY, OR FOREIGN COUNTRY Maryland		9e. ZIP CODE 21215	9f. COUNTY Baltimore City
10a. PARENT'S LEGAL NAME AT TIME OF CHILD'S BIRTH Michael Clay Monroe			
10b. PARENT'S DATE OF BIRTH (Mo/Day/Yr) 02/18/1978		10c. PARENT'S BIRTHPLACE (State, Territory, or Foreign Country)	
11a. REGISTRAR'S NAME AT FILING Geneva G. Sparks		11b. DATE FILED (Mo/Day/Yr) 09/17/2010	
FOR OFFICE USE ONLY			

This is to certify that this is a true and correct abstract of the official record on file in the Maryland Division of Vital Records.

*Crystal D. Weaver*

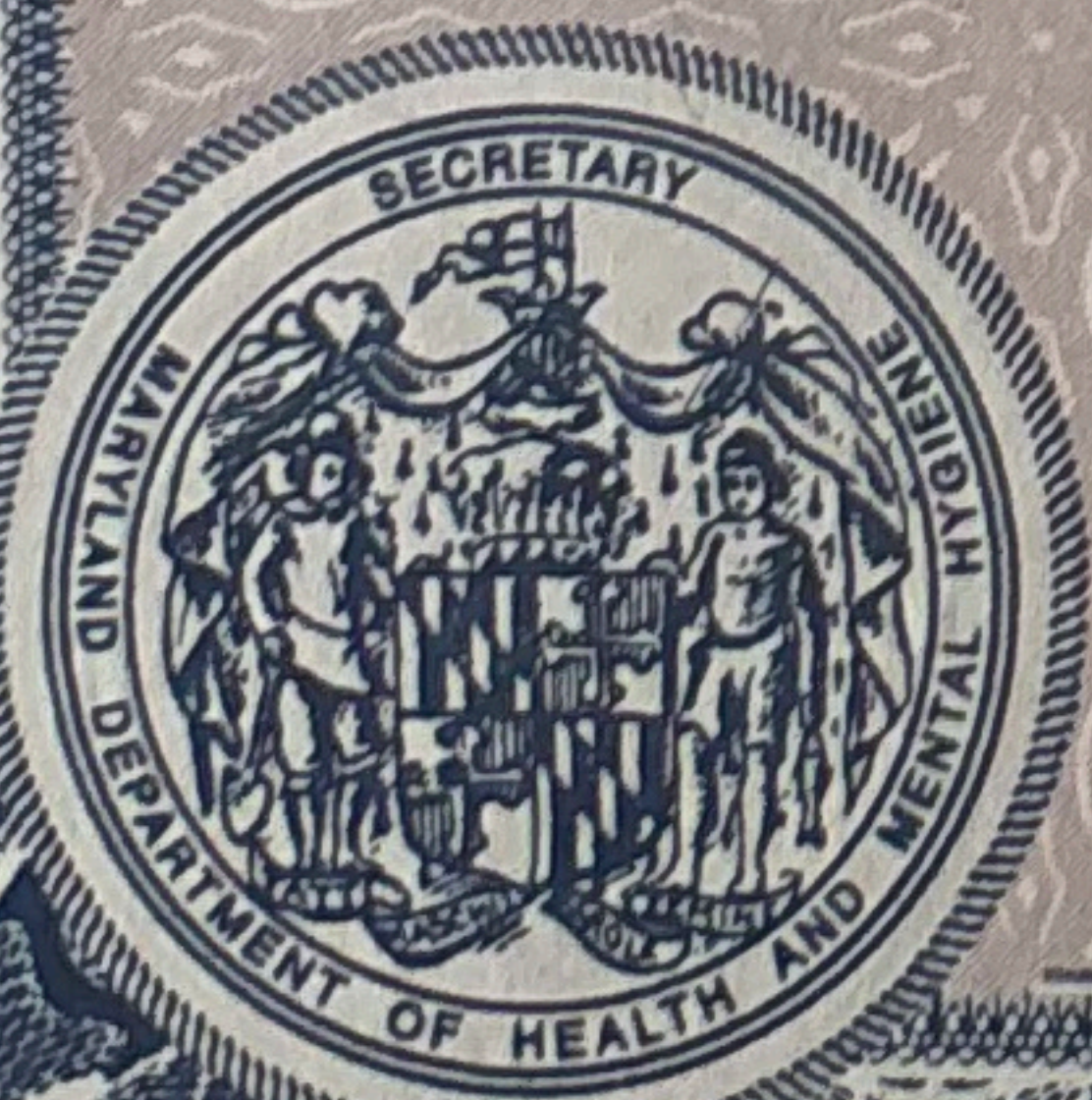
July 14, 2023

Crystal D. Weaver  
State Registrar

Date Issued



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DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL  
OF VITAL RECORDS CLEARLY EMBOSSED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE