

STATE OF MARYLAND  
Department of Health and Mental Hygiene  
Division of Vital Records  
CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER: 1982 49878

NAME: LATASHA RENE MC CALOP

SEX: FEMALE

DATE OF BIRTH: OCTOBER 9, 1982

WEIGHT: \*\*\*\*\*

PLACE OF BIRTH: BALTIMORE CITY

TIME: : M

MOTHER'S NAME PRIOR TO FIRST MARRIAGE:  
CYNTHIA DENISE WOODS

AGE: 17

MOTHER'S PLACE OF BIRTH: \*\*\*\*\*

NAME OF FATHER: RONALD MC CALOP

AGE: 21

FATHER'S PLACE OF BIRTH: \*\*\*\*\*

DATE RECORD FILED: OCTOBER 13, 1982

DATE ISSUED: JULY 10, 2008

0909221

I HEREBY CERTIFY THAT THIS DOCUMENT IS  
A TRUE COPY OF A RECORD ON FILE IN THE  
DIVISION OF VITAL RECORDS.

*Geneva S. Sparks*  
STATE REGISTRAR

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



CERTIFICATION OF VITAL RECORD

VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

STATE OF MARYLAND

Maryland Department of Health  
Division of Vital Records

RAR M-241  
DW-320

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
CERTIFICATE OF LIVE BIRTH

BIRTH NO. 119 8 2 4 9 8 7 8

CHILD'S NAME (Type or Print) FIRST MIDDLE LAST 1. Latasha Renee McCalop			DATE OF BIRTH 2a. 10 9 82	MONTH DAY YEAR	HOUR 2b. 12:38 A.M.
SEX 3. Female	THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 4a.	IF TWIN OR TRIPLET (THIS CHILD BORN) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4b.	BALTIMORE CITY OR COUNTY OF BIRTH 5a. City MD.		
CITY OR TOWN OF BIRTH 5b. Baltimore			HOSPITAL NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5c. Mercy		
FATHER'S NAME 6a. Ronald McCalop			AGE (AT TIME OF THIS BIRTH) 6b. 21 YEARS	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 6c. D.C.	
MOTHER'S FULL MAIDEN NAME 7a. Cynthia Denise Woods			AGE (AT TIME OF THIS BIRTH) 7b. 17 YEARS	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7c. Va.	
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) STATE COUNTY CITY OR TOWN 8a. Md. 8b. 8c. Balto			INSIDE CITY LIMITS 8d. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	STREET AND NUMBER 8e. 1046 Upnor Rd.	
I CERTIFY THAT THIS CHILD WAS BORN ALIVE ON THE DATE AND HOUR STATED ABOVE.	CERTIFIER'S SIGNATURE 9a. <i>Ernesto Rivera</i>		DATE SIGNED 9b. 10/9/82	ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> CNM <input type="checkbox"/> D.O. <input type="checkbox"/> OTHER (SPECIFY) 10.	
	CERTIFIER'S NAME (TYPE OR PRINT) FULL ADDRESS 9c. Ernesto Rivera, M.D. 301 St. Paul Place				
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other informant) 11a. <i>Cynthia Woods</i>			RELATION TO CHILD 11b. <i>mother</i>		
GIVEN NAME ADDED		DATE REC'D BY REGISTRAR 13a. OCT 13 1982	REGISTRAR'S SIGNATURE 13b. <i>John J. Conner</i>		

3336160 JULY 14, 2023  
DATE ISSUED

*Crystal D. Weaver*  
CRYSTAL D. WEAVER, STATE REGISTRAR OF VITAL RECORDS

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

