

VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

STATE OF MARYLAND

Maryland Department of Health
Division of Vital Records

STATE REGISTRAR

State of Maryland CERTIFICATE OF LIVE BIRTH

BIRTH NUMBER 119- 2007 02704

1. CHILD'S NAME LONDON			FIRST	MIDDLE KIM	LAST BYRD	2. DATE OF BIRTH (Month, Day, Year) JAN. 16, 2007		3. TIME OF BIRTH 17:35 PM	
4. SEX FEMALE	5. BIRTH WEIGHT 5 LBS. 14 OZ.		6. PLURALITY SINGLE		7. BIRTH ORDER	8. CITY OR TOWN OF BIRTH BALTIMORE			
9. BALTIMORE CITY OR COUNTY OF BIRTH BALTIMORE CITY			10. FACILITY NAME MERCY MEDICAL CENTER			11. PLACE OF BIRTH HOSPITAL			
12. ATTENDANT'S NAME, AND TITLE (If Other than Certifier) EMERSON JULIAN M. D.					13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 301 ST PAUL PLACE BALTIMORE, MD 21202				
14. CERTIFIER'S NAME, AND TITLE WANDA KOLACZ BIRTH REGISTRAR					15a. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED. <i>Wanda Kolacz</i> SIGNATURE ▶				15b. DATE SIGNED (Month, Day, Year) 1/17/07
16. MOTHER'S FULL MAIDEN NAME (First, Middle, Last) LATASHA RENEE MCCALOP					17. DATE OF BIRTH (Mo., Day, Year) OCT. 9, 1982		18. AGE (At Time of This Birth) 24	19. BIRTHPLACE (State or Foreign Country) MARYLAND	
20a. USUAL RESIDENCE OF MOTHER (Number and Street) 1517 DRUID HILL AVENUE			20b. CITY OR TOWN BALTIMORE		20c. COUNTY BALTIMORE CITY		20d. STATE MARYLAND		
20e. ZIP CODE 21217	20f. INSIDE CITY LIMITS YES	21. PARENTS REQUEST SOCIAL SECURITY NUMBER ISSUANCE FOR THIS CHILD YES		22. CORRECTIONS OR AMENDMENTS					
23. FATHER'S NAME (First, Middle, Last)					24. DATE OF BIRTH (Mo., Day, Year)		25. AGE (At Time of This Birth)	26. BIRTHPLACE (State or Foreign Country)	
27. MOTHER'S NAME AND ADDRESS FOR MAILING BIRTH CARD SAME					28. 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) ▶				
					29a. DATE REC'D BY STATE REGISTRAR JAN 18 2007		29b. STATE REGISTRAR'S SIGNATURE <i>Crystal D. Weaver</i>		

AUDIT #: 0701-3700-00109 (1)

3336158 JULY 14, 2023
DATE ISSUED

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

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

