

BUREAU of VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

FLORIDA

109-

8 8 1 1 5 9 0 4

LOCAL FILE NO. 132

CHILD-NAME 1. RONALD LEON WIMBERLY, II		SEX 2. Male	DATE OF BIRTH (Mo., Day, Yr.) 3a. August 14, 1988	HOUR 3b. 12:08A_M
HOSPITAL-NAME (If not in hospital, give street and number) 4a. Memorial Hospital		CITY, TOWN OR LOCATION OF BIRTH 4b. Sarasota		COUNTY OF BIRTH 4c. Sarasota
I certify that the stated information concerning this child is true to the best of my knowledge and belief.		DATE SIGNED (Mo., Day, Year) 5. Aug 18, 1988	NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print) 5c. K. E. Kington, M.D.	
CERTIFIER-NAME AND TITLE (Type or print) 5d. Carol Osborne, A.R.T.		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 5e. Sarasota, Florida 34234		
REGISTRAR 6a. (Signature) ▶ <i>Betty L. Hanter</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 6b. August 18, 1988		
MOTHER-MAIDEN NAME 7a. Janet Elaine Green		AGE (At time of this birth) 7b. 31	STATE OF BIRTH (If not in U.S.A., name country) 7c. Florida	
RESIDENCE-STATE 8a. Florida	COUNTY 8b. Sarasota	CITY, TOWN OR LOCATION 8c. Sarasota	STREET AND NUMBER OF RESIDENCE 8d. 1265 32nd St.	INSIDE CITY LIMITS (Specify yes or no) 8e. Yes
MOTHER'S MAILING ADDRESS--(If same as above, enter Zip Code only) 9. 34234				
FATHER-NAME 10a. Ronald Leon Wimberly, Sr.		AGE (At time of this birth) 10b. 32	STATE OF BIRTH (If not in U.S.A., name country) 10c. Florida	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. 11a. (Signature of Parent) ▶ <i>Ronald Leon Wimberly,</i>				

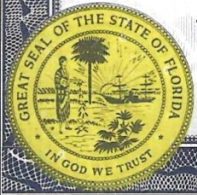
Ken Jones, STATE REGISTRAR

DATE ISSUED: May 1, 2025
REQ: 2027753242

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
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