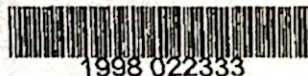


STATE OF TENNESSEE
Office of Vital Records

OR PRINT
- INK
FOR
SEE



1998 022333

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH

141-98-022333

1 CHILD'S NAME First: Taylor Middle: Ann Last: Barber			2 SEX Female	3 DATE OF BIRTH (Month, Day, Year) April 2, 1998	4 TIME OF BIRTH 4:31 PM
5 FACILITY NAME (If not institution, give street and number) Women's East Pavilion			6 PLACE OF BIRTH 1 ☒ Hospital 2 ☐ Freestanding Birthing Center 3 ☐ Clinic/Doctor's Office 4 ☐ Residence 5 ☐ Other (Specify)		
7 CITY, TOWN, OR LOCATION OF BIRTH Chattanooga				8 COUNTY OF BIRTH Hamilton	
9 I certify that this child was born alive at the place and time and on the date stated. Signature: <i>[Signature]</i>		10 DATE SIGNED (Month, Day, Year) 4/21/98		11 CERTIFIER'S NAME AND TITLE (Type/Print) Name: William R. Gailmard 1 ☒ M.D. 2 ☐ D.O. 3 ☐ C.N.M. 4 ☐ Other Midwife 5 ☐ Other (Specify)	
12 IF CERTIFIER WAS NOT ATTENDANT, GIVE NAME AND TITLE OF ATTENDANT Name: William R. Gailmard 1 ☐ M.D. 2 ☐ D.O. 3 ☐ C.N.M. 4 ☐ Other Midwife 5 ☐ Other (Specify)			13 ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2525 deSales Avenue Chattanooga TN, 37404		
14 REGISTRAR'S SIGNATURE <i>[Signature]</i>			15 DATE FILED BY REGISTRAR (Month, Day, Year) MAY 06 1998		
16a MOTHER'S NAME (First, Middle, Last) Rebecca Ann Barber		16b MAIDEN SURNAME Varnell		17 MOTHER'S DATE OF BIRTH July 27, 1976	
18 MOTHER'S BIRTHPLACE (State or Foreign Country) Tennessee		19a RESIDENCE STATE Tennessee		19b COUNTY Hamilton	
19c CITY, TOWN, OR LOCATION Chattanooga		19d STREET AND NUMBER OR RURAL LOCATION 4837 Sylvia Circle			
19e INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No		20 MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) 37416			
21 FATHER'S NAME (First, Middle, Last) Timothy Andrew Barber			22 FATHER'S DATE OF BIRTH May 20, 1974		23 FATHER'S BIRTHPLACE (State or Foreign Country) Tennessee
24a I give permission to provide the Social Security Administration with data from this certificate for the purpose of issuing a Social Security Number 1 ☒ Yes 2 ☐ No			24c I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief Signature of Either Parent: <i>[Signature]</i>		
24b I authorize the Social Security Administration to provide the social security number to the State of Tennessee to add to the State's birth file 1 ☒ Yes 2 ☐ No					

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

25 SOCIAL SECURITY NUMBER	26a-b RACE American Indian Black	26c-d OF HISPANIC ORIGIN	27 EDUCATION (Specify only highest grade completed)	28 OCCUPATION AND BUSINESS/INDUSTRY
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09812312

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Edward A. Bishop III

Edward G. Bishop III
State Registrar

John J. Dreyzehner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER



09812312
Date Issued
JAN 22 2018

CERTIFICATION OF VITAL RECORD

