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	Middle	Last	2 SEX	3 DATE OF BIRTH (Month, Day, Year)	4 TIME OF BIRTH
Taylor	Ann	Barber	Female	April 2, 1998	4:31 PM

5 FACILITY NAME (If not institution, give street and number)
Women's East Pavilion

6. PLACE OF BIRTH
1 [X] 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 ▷ William R. Gailmard MD

10. DATE SIGNED (Month, Day, Year)
4/21/98

11. CERTIFIER'S NAME AND TITLE (Type/Print)
Name William R. Gailmard
1 [X] M.D. 2 [ ] D.O. 3 [ ] C.N.M. 4 [ ] Other Midwife
5 [ ] Other (Specify)

72 AFTER
BE IN
• INK

12 IF CERTIFIER WAS NOT ATTENDANT, GIVE NAME AND TITLE OF ATTENDANT
Name
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 ▷ Bobbie L. Waldron, DR

15 DATE FILED BY REGISTRAR (Month, Day, Year)
MAY 06 1998

16a MOTHER'S NAME (First, Middle, Last)			16b. MAIDEN SURNAME	17 MOTHER'S DATE OF BIRTH
Rebecca	Ann	Barber	Varnell	July 27, 1976

18 MOTHER'S BIRTHPLACE (State or Foreign Country)	19a RESIDENCE STATE	19b COUNTY	19c CITY, TOWN, OR LOCATION
Tennessee	Tennessee	Hamilton	Chattanooga

19d STREET AND NUMBER OR RURAL LOCATION	19e INSIDE CITY LIMITS?	20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only)
4837 Sylvia Circle	1 [X] Yes 2 [ ] No	37416

21. FATHER'S NAME (First, Middle, Last)			22 FATHER'S DATE OF BIRTH	23 FATHER'S BIRTHPLACE (State or Foreign Country)
Timothy	Andrew	Barber	May 20, 1974	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 [X] Yes 2 [ ] No

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 [X] 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 ▷

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

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 G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 8 1 2 3 1 2

Date Issued JAN 2 2 2018

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD