OFFICE of VITAL STATISTICS

DAVIDSON COUNTY, TENNESSEE

U.S. STANDARD

CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER — BIRTH NUMBER

CHILD

1. CHILD'S NAME (First, Middle, Last): SALLY SANDRA PARKER
2. DATE OF BIRTH (Month, Day, Year): FEBRUARY 18, 2010
3. TIME OF BIRTH: 6:13 PM
4. SEX: F
5. CITY, TOWN, OR LOCATION OF BIRTH: NASHVILLE
6. COUNTY OF BIRTH: DAVIDSON
7. PLACE OF BIRTH: [X] Hospital ☐ Freestanding Birthing Center ☐ Clinic/Doctor's Office ☐ Residence ☐ Other (Specify)
8. FACILITY NAME (If not institution, give street and number): DAVIDSON COUNTY GENERAL HOSPITAL

CERTIFIER/ ATTENDANT

9. I certify that this child was born alive at the place and time and on the date stated. Signature
10. DATE SIGNED (Month, Day, Year): 2/21/10
11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print): Name MARY BAXTER — ☐ M.D. ☐ D.O. [X] C.N.M. ☐ Other Midwife ☐ Other (Specify)
12. CERTIFIER'S NAME AND TITLE (Type/Print): Name DONNA FARGO — [X] M.D. ☐ D.O. ☐ Hospital Admin. ☐ C.N.M. ☐ Other Midwife ☐ Other (Specify)
13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1214 CHURCH STREET, NASHVILLE, TN 37219
14. REGISTRAR'S SIGNATURE
15. DATE FILED BY REGISTRAR (Month, Day, Year): 2/23/10

MOTHER

16a. MOTHER'S NAME (First, Middle, Last): SARAH S. PARKER
16b. MAIDEN SURNAME: SHIPMAN
17. DATE OF BIRTH (Month, Day, Year): 1/12/84
18. BIRTHPLACE (State or Foreign Country): NASHVILLE, TN
19a. RESIDENCE—STATE: TENNESSEE
19b. COUNTY: DAVIDSON
19c. CITY, TOWN, OR LOCATION: NASHVILLE
19d. STREET AND NUMBER: 114 BERRY ROAD
19e. INSIDE CITY LIMITS? (Yes or no): YES
20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code on): 37211

FATHER

21. FATHER'S NAME (First, Middle, Last): TIMOTHY RANDALL PARKER
22. DATE OF BIRTH (Month, Day, Year): 04/28/81
23. BIRTHPLACE (State or Foreign Country): MICHIGAN

INFORMANT

24. 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

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

	25. OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.)	26. RACE—American Indian, Black, White, etc. (Specify below)	27. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
MOTHER	26a. ☐ No ☐ Yes Specify: NO	26a. WHITE	27a. 12	2
FATHER	25b. ☐ No ☐ Yes Specify: NO	26b. WHITE	27b. 12	4

28. PREGNANCY HISTORY (Complete each section)

LIVE BIRTHS (Do not include this child)	OTHER TERMINATIONS (Spontaneous and induced at any time after conception)
0	
28a. Now Living: Number ____ ☐ None	28b. Now Dead: Number ____ ☐ None
28c. DATE OF LAST LIVE BIRTH (Month, Year)	28d. Number ____ ☐ None — 28e. DATE OF LAST OTHER TERMINATION (Month, Year)

29. MOTHER MARRIED? (At birth, conception, or any time between) (Yes or no): YES
30. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year): 4/12/09
31. MONTH OF PREGNANCY PRENATAL CARE BEGAN—First, Second, Third, etc. (Specify): FIRST
32. PRENATAL VISITS—Total Number (If none, so state): 9
33. BIRTH WEIGHT (Specify unit): 8LBS 3 OZ
34. CLINICAL ESTIMATE OF GESTATION (Weeks): 36
35a. PLURALITY—Single, Twin, Triplet, etc. (Specify): SINGLE
35b. IF NOT SINGLE BIRTH—Born First, Second, Third, etc. (Specify)

36. APGAR SCORE: 36a. 1 Minute — 36b. 5 Minutes
37a. MOTHER TRANSFERRED PRIOR TO DELIVERY? [X] No ☐ Yes If Yes, enter name of facility transferred from:
37b. INFANT TRANSFERRED? [X] No ☐ Yes If Yes, enter name of facility transferred to:

John Hancock, State Registrar

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK.

WARNING:

B1426036

CERTIFICATION OF VITAL RECORD

CDC

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED