

OFFICE of VITAL STATISTICS

DAVIDSON COUNTY, TENNESSEE

U.S. STANDARD

CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER		BIRTH NUMBER	
1. CHILD'S NAME (First, Middle, Last) SHELTON SANDERS PARKER		2. DATE OF BIRTH (Month, Day, Year) DECEMBER 14, 2010	
3. TIME OF BIRTH 3:15 am		4. SEX M	
5. CITY, TOWN, OR LOCATION OF BIRTH NASHVILLE		6. COUNTY OF BIRTH DAVIDSON	
7. PLACE OF BIRTH: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Free-standing Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):		8. FACILITY NAME (If not institution, give street and number) DAVIDSON COUNTY GENERAL HOSPITAL	
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) 12/24/10		11. ATTENDANT'S NAME AND TITLE (If other than certified) (Type/Print) Name: MARY BAXTER <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input checked="" type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify):	
12. CERTIFIER'S NAME AND TITLE (Type/Print) Name: DONNA FARGO <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Hospital Admin. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> 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: <i>[Signature]</i>		15. DATE FILED BY REGISTRAR (Month, Day, Year) 12/28/10	
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) TENNESSEE	
19a. RESIDENCE—STATE TENNESSEE		19b. COUNTY DAVIDSON	
19c. CITY, TOWN, OR LOCATION NASHVILLE		19d. STREET AND NUMBER 824 NELSON DRIVE	
19e. INSIDE CITY LIMITS? (Yes or no) YES		20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) 37211	
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		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: <i>[Signature]</i>	

VOID IF ALTERED OR ERASED

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25. OF HISPANIC ORIGIN? (Specify No or Yes—if yes, specify Cuban, Mexican, Puerto Rican, etc.) NO			26. RACE—American Indian, Black, White, etc. (Specify below) WHITE			27. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 2		
25a. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: NO			26a. WHITE			27a. 12 2		
25b. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: NO			26b. WHITE			27b. 12 4		
28. PREGNANCY HISTORY (Complete each section) LIVE BIRTHS (Do not include this child) 28a. Now Living: Number 1 28b. Now Dead: Number _____ 28c. DATE OF LAST LIVE BIRTH (Month, Year) 2/18/10			OTHER TERMINATIONS (Spontaneous and induced at any time after conception) 28d. Number _____ 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) 3/1/10			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) 10LBS 11 OZ			34. CLINICAL ESTIMATE OF GESTATION (Week) 36			35. IF NOT SINGLE BIRTH—Bare First, Second, Third, etc. (Specify) SINGLE		
36. APGAR SCORE 36a. 1 Minute 36b. 5 Minutes			37a. MOTHER TRANSFERRED PRIOR TO DELIVERY? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, enter name of facility transferred from:			37b. INFANT TRANSFERRED? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 ORIGINAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK.

WARNING:



B1426036

CERTIFICATION OF VITAL RECORD

