

CERTIFIED COPY

I HEREBY CERTIFY THE COPY REPRODUCED BELOW TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE BUREAU OF VITAL STATISTICS OF THE STATE OF FLORIDA, DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, AT JACKSONVILLE, FLORIDA.

(NOT VALID UNLESS THE SEAL OF THE STATE OF FLORIDA, DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, IS AFFIXED.)

SEP 8 - 1976

Everett H. Williams, Jr.
STATE REGISTRAR FOR VITAL STATISTICS
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CERTIFICATE OF LIVE BIRTH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

FLORIDA

BIRTH NO. **109- 65-055378**

REGISTRAR'S NO. **65 3657**

1. PLACE OF BIRTH a. COUNTY Orange		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Florida		
b. CITY, TOWN, OR LOCATION Orlando		b. COUNTY Orange		
CODE NO. 58-084		c. CITY, TOWN, OR LOCATION Winter Park		
c. NAME OF HOSPITAL (If not in hospital, give street address) Orange Memorial Hospital		d. STREET ADDRESS 1834-B Minnesota Avenue		
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? 58-xxx YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME (Type or print) First Middle Last JAMES JOSEPH BARRETT IV				
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1ST <input type="checkbox"/> 2D <input type="checkbox"/> 3D <input type="checkbox"/>	6. DATE OF BIRTH Month Day Year July 25 1965	
7. NAME (Type or print) First Middle Last James Joseph Barrett III			8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Florida	11a. USUAL OCCUPATION Purch. Agent	11b. KIND OF BUSINESS OR INDUSTRY Whls. Motor Parts	
12. MAIDEN NAME (Type or print) First Middle Last Barbara Joan Edwards			13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Florida	16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth)		
17. INFORMANT James J. Barrett III	a. How many OTHER children are now living? 0	b. How many OTHER children were born alive but are now dead? 0	c. How many fetal deaths (fetuses born dead at ANY time after conception)? 0	
I hereby certify that this child was born alive on the date stated above.	18a. SIGNATURE <i>Mark M. Lane</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	
	18c. ADDRESS Orlando, Florida		18d. DATE SIGNED 7-27-65	
19. DATE RECD. BY LOCAL REG. AUG 2 - 1965	20. REGISTRAR'S SIGNATURE <i>H. N. Sisk, M.D.</i>		21. DATE ON WHICH GIVEN NAME ADDED	

BY _____ (Registrar)

Georgia

DRIVER'S LICENSE

NUMBER **059190463** EXPIRES **07-25-2011**

BARRETT, JAMES JOSEPH IV
1980 BULLOCK TRL
LOGANVILLE, GA 30052-3516

SEX	BIRTHDATE	EXAM DATE	COUNTY
M	07-25-1965	09-08-2006	147
HEIGHT	WEIGHT	CSC	FEE RESTRICTIONS
5-11	240	5 54	020.00
CLASS	ENDORSEMENTS	TYPE	REG
CM			

COMMISSIONER
Henry C. Dief