

3. Birth Certificate, hospital records, or proof of birth:

STATE OF LOUISIANA
CERTIFICATION OF VITAL RECORD

CERTIFICATION OF BIRTH

CHILD'S NAME (LAST, FIRST, SECOND) [REDACTED] BIRTH NO: [REDACTED]

BIRTH DATE [REDACTED] TIME OF BIRTH 03:36 PM SEX F NUMBER BORN 1 BIRTH ORDER 1

PLACE OF BIRTH (CITY, TOWN, OR LOCATION)
ALEXANDRIA

NAME OF HOSPITAL OR INSTITUTION
RAPIDES REGIONAL MEDICAL CENTER

RESIDENCE OF MOTHER/PARENT (CITY, TOWN, OR LOCATION)
ALEXANDRIA

PARISH RAPIDES STATE LA ZIP Code [REDACTED]

STREET ADDRESS OF RESIDENCE
[REDACTED]

FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (LAST, FIRST, SECOND)
[REDACTED]

CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY)
ALEXANDRIA, LOUISIANA

AGE AT THIS BIRTH
[REDACTED]

MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (LAST, FIRST, SECOND)
[REDACTED]

CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY)
[REDACTED]

AGE AT THIS BIRTH
[REDACTED]

FILE DATE January 16, 2019 DATE ISSUED August 20, 2020 10:04:03 AM