

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

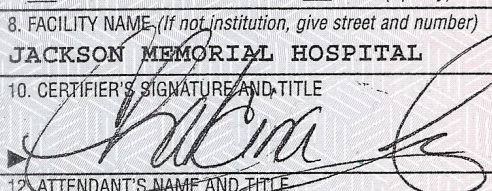
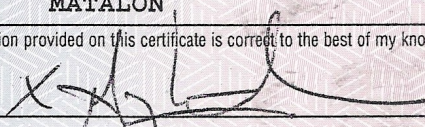
Yes  No  
 Yes  No  
 Yes  No

**CERTIFICATE OF LIVE BIRTH  
FLORIDA**

2006 214473

Local File No. **028651**

109-

1. CHILD'S NAME (First, Middle, Last, Suffix) <b>JACOB CHARLES MATALON</b>		2. SEX <b>MALE</b>	3. DATE OF BIRTH (Month, Day, Year) <b>DECEMBER 01, 2006</b>
4. BIRTH WEIGHT (Enter lbs/ozs OR grams) ____ lbs ____ ozs <b>3541 grams</b>	5. TIME OF BIRTH (24 hr.) <b>1056</b>	6. COUNTY OF BIRTH <b>MIAMI-DADE</b>	
7. PLACE WHERE BIRTH OCCURRED (Check one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Home Birth (Planned to deliver at home?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify)			
8. FACILITY NAME (If not institution, give street and number) <b>JACKSON MEMORIAL HOSPITAL</b>		9. CITY, TOWN OR LOCATION OF BIRTH <b>MIAMI</b>	
10. CERTIFIER'S SIGNATURE AND TITLE  ____ M.D. ____ D.O. ____ C.N.M. ____ L.M. ____ Hosp. Admin. <input checked="" type="checkbox"/> Other (Specify) <b>CLERK TYPIST II</b>		11. DATE SIGNED (Month, Day, Year) <b>DECEMBER 02, 2006</b>	
12. ATTENDANT'S NAME AND TITLE <b>GENE BURKETT</b>		13. DATE FILED BY REGISTRAR (Month, Day, Year) (Reg. Initials) <b>DEC 05 2006</b> <i>ED</i>	
14a. MOTHER'S MAIDEN NAME (First, Middle, Last) <b>TINA ANTOINETTE MYERS</b>		14b. MOTHER'S CURRENT SURNAME (If different than 14a) <b>MATALON</b>	
15. IS MOTHER MARRIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. DATE OF BIRTH (Month, Day, Year) <b>DECEMBER 06, 1973</b>	17. BIRTHPLACE (State, Territory or Foreign Country) <b>JAMAICA</b>	
18a. MOTHER'S RESIDENCE - STATE <b>FLORIDA</b>	18b. COUNTY <b>MIAMI-DADE</b>	18c. CITY, TOWN OR LOCATION <b>MIAMI</b>	
18d. STREET ADDRESS (Include Apt. No.) <b>16180 S.W. 88TH AVE ROAD</b>		18e. ZIP CODE <b>33157</b>	18f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18g. MOTHER'S MAILING ADDRESS <input checked="" type="checkbox"/> Check here if same as Residence, or			
Street:	City:	State:	Zip Code:
19. FATHER'S NAME (First, Middle, Last, Suffix) <b>GARY CHARLES MATALON</b>		20. FATHER'S DATE OF BIRTH (Month, Day, Year) <b>JUNE 05, 1974</b>	
I certify that the personal information provided on this certificate is correct to the best of my knowledge.		21. FATHER'S BIRTHPLACE (State, Territory or Foreign Country) <b>JAMAICA</b>	
22. SIGNATURE of Parent 			



, State Registrar

Date Issued:

APR 25 2007

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 OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

WARNING:

 FLORIDA DEPARTMENT OF  
**HEALTH**

DH FORM 1946 (08-04)

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CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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