

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK OR  
BLUE-BLACK INK

<b>STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH</b>				Death Number	Local File Number	1. State File Number 2009GA000076660	
2. CHILD'S NAME: FIRST TYLER		3. MIDDLE JAYDEN DUNCAN		4. LAST FALCONER		5. JR., III, ETC.	
				6. Sex (M or F) MALE		7. DATE OF BIRTH (Mo., Day, Year) 07/19/2009	
8. TIME OF BIRTH 12:22 MILITARY			9. THIS BIRTH (Single, Twin, Triplet, Etc.) SINGLE			10. IF NOT SINGLE SPECIFY BIRTH ORDER	
11. CITY, TOWN, OR LOCATION OF BIRTH ATLANTA				12. HOSPITAL FACILITY NAME (If not Hospital, give street and Number.) EMORY UNIVERSITY HOSPITAL MIDTOWN			
13. IF NOT HOSPITAL, Specify HOSPITAL				14. COUNTY OF BIRTH FULTON			
15. MOTHER'S NAME FIRST SHANI		16. MIDDLE NAILAH MAKINI		17. LAST DUNCAN		18. MAIDEN (Last Name) DUNCAN	
19. DATE OF BIRTH (Month, Day, Year) 03/05/1982			20. STATE OF BIRTH (If not U.S.A., Name Country) JAMAICA		21. RESIDENCE - STATE GEORGIA		22. COUNTY GWINNETT
23. CITY, TOWN OR LOCATION SNELLVILLE				24. STREET AND NUMBER OF RESIDENCE 4382 ARABIAN WAY			
25. MOTHER'S MAILING ADDRESS 4382 ARABIAN WAY SNELLVILLE GEORGIA 30039						26. RESIDENCE INSIDE CITY LIMITS? (Yes or No) NO	
27. FATHER'S NAME FIRST KWAME		28. MIDDLE JEFFREY JEROME		29. LAST, JR., ETC. FALCONER		30. DATE OF BIRTH (Mo., Day, Year) 10/24/1982	
				31. STATE OF BIRTH (If not U.S.A., Name Country) JAMAICA			
32a. INFORMANT'S NAME (Type or Print) SHANI N DUNCAN			32b. RELATION TO CHILD MOTHER		33. PARENTS AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER. (Yes or No) YES		
34. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature) Electronically signed by  CAROLYN BASS				35. DATE SIGNED (Mo., Day, Year)  07/20/2009		36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) (Name) HENRY GOBER  37. (Title) MD	
38. CERTIFIER (Type or Print) (Name) CAROLYN BASS  (Title) BIRTH RECORD CLERK			39. PHYSICIAN'S MEDICAL LIC. NO.  020432		40. CERTIFIER-MAILING ADDRESS (Street or R.F.D No., City or Town, State, Zip) 550 PEACHTREE STREET NE, ATLANTA, GA 30308		
41. REGISTRAR (Signature) ▶ Electronically signed by  /S/ Kenneth Bramlett				42. DATE RECEIVED BY STATE REGISTRAR (Mo., Day, Year)  07/24/2009			

DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

Form 3901A  
(Rev. 7-1-52)