

(Overall Document Classification Required)

FEDERAL BUREAU OF INVESTIGATION**Electronic Communication****Title:** (?) REQUEST FOR ALL ACCOUNT AND BILLING
INFORMATION**Date:** 01/14/2019**Drafted By:** Missing**Case ID #:** 31E-MM-108062-SBP (U) SUBPOENA

Details: 31E-MM-108062 Palm Beach County Health Department Office of Vital Statistics - Custodian of Records 1150 45th Street West Palm Beach, Florida 33407 [REDACTED] SA [REDACTED] SA [REDACTED] [REDACTED] 10 September 2006 10:00 A [REDACTED], #500 West Palm Beach, Florida 33401 SA [REDACTED] [REDACTED] SA [REDACTED] SA [REDACTED], #500 West Palm Beach, Florida 33401 [REDACTED], SSA 1 September 2006 Please provide any and all records pertaining to any children/dependents of [REDACTED], dob [REDACTED]. Records are to include birth certificates and other documents identifying the biological parents (specifically the father).

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