

FL

FL

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATION OF BIRTH

STATE FILE NUMBER:

[REDACTED]

CHILD'S NAME:

[REDACTED]

DATE OF BIRTH:

[REDACTED]

SEX:

FEMALE

COUNTY OF BIRTH:

PALM BEACH

DATE FILED:

[REDACTED]

MOTHER'S MAIDEN NAME:

[REDACTED]

FATHER'S NAME:

[REDACTED]

DATE ISSUED:

MARCH 15, 2007

C. Neach G. J., State Registrar

REQ: 2007248136



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:



DH FORM 1846 (08-04)

CERTIFICATION OF VITAL RECORD



[REDACTED]

[REDACTED] *