



OFFICE of VITAL STATISTICS

CERTIFIED COPY

**CERTIFICATION OF BIRTH**

STATE FILE NUMBER: [REDACTED]

CHILD'S NAME: JUSTIN [REDACTED]

DATE OF BIRTH: JANUARY 24, 1982

SEX: MALE

COUNTY OF BIRTH: [REDACTED]

DATE FILED: JANUARY 29, 1982

MOTHER'S MAIDEN NAME: [REDACTED]

FATHER'S NAME: [REDACTED]

DATE ISSUED: APRIL 5, 2005

VOID IF ALTERED OR ERASED

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*C. Meade G. Jr.*, State Registrar

REQ: [REDACTED]



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.



DOH FORM 1046 (02-04)

CERTIFICATION OF VITAL RECORD

