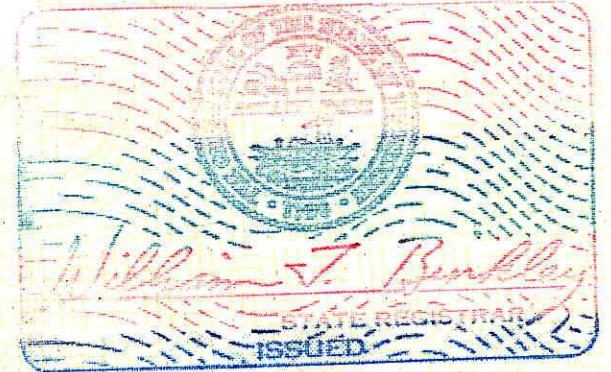


RAY BLANTON
GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219



Eugene W. Fowinkle, M.D., M.P.H.
Commissioner

AUG. 13. 1975

I hereby certify the below to be a true and correct copy of the official document on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and multi-color seal of State Registrar are affixed.

EUGENE W. FOWINKLE, M.D.
Commissioner

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF PUBLIC HEALTH - STATE OF TENNESSEE - DIVISION OF VITAL STATISTICS
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

BIRTH NO. 141-432264

NAME OF CHILD		Fontie	Claire	Mahannah	BIRTH NO.		141-432264	
		FIRST	MIDDLE	LAST				
1. SEX	3A. THIS BIRTH		3B. IF TWIN OR TRIPLET, THIS CHILD BORN		4. DATE OF BIRTH			
Female	SINGLE ☐ TWIN ☐ TRIPLET ☐		1ST ☐ 2ND ☐ 3RD ☐		MONTH DAY YEAR May 19, 1922			
5. PLACE OF BIRTH					6. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)			
A. COUNTY		Shelby		B. CIVIL DISTRICT		A. STATE Tenn. B. COUNTY Shelby C. CIVIL DISTRICT		
C. CITY (IF OUTSIDE CITY LIMITS WRITE RURAL) OR TOWN		Memphis		D. CITY (IF OUTSIDE CITY LIMITS, WRITE RURAL) OR TOWN		Memphis		
D. NAME OF (IF NOT IN HOSPITAL, GIVE STREET ADDRESS AND LOCATION) HOSPITAL					E. STREET (IF RURAL, GIVE LOCATION) ADDRESS			
FATHER OF CHILD								
FULL NAME		FIRST	MIDDLE	LAST	8. COLOR OR RACE			White
Joseph		Claire	Mahannah					
AGE (AT TIME OF THIS BIRTH)		10. BIRTHPLACE (State or Foreign Country)		11A. USUAL OCCUPATION		11B. KIND OF BUSINESS OR INDUSTRY		
8-12-90 YEARS		Ohio		Kelsey Manu. Co.		Manufacturing		
MOTHER OF CHILD								
FULL MAIDEN NAME		FIRST	MIDDLE	LAST	13. COLOR OR RACE			White
Fontie		Gray	Harris					
AGE (AT TIME OF THIS BIRTH)		15. BIRTHPLACE (State or Foreign Country)		16A. USUAL OCCUPATION		16B. KIND OF BUSINESS OR INDUSTRY		
5-3-90 YEARS		Mississippi		Housewife				
CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)		A. HOW MANY OTHER CHILDREN ARE NOW LIVING?		B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?		C. HOW MANY CHILDREN WERE STILLBORN (BORN DEAD AFTER 20 WEEKS OF PREGNANCY)?		
MOTHER'S MAILING ADDRESS								
I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE								
SIGNATURE		NAME		M.D. ☐ MID-WIFE ☐ OTHER (SPECIFY)				
		ADDRESS						
A. REGISTRATION DISTRICT NO.		20B. DATE RECEIVED BY LOCAL REGISTRAR		20C. REGISTRAR'S SIGNATURE				
		5/27/54						
FOR MEDICAL AND HEALTH USE ONLY								