Local File Number		GEORGIA DEPARTMENT OF HUMAN RESOURCES State Of Georgia File Amended Birth Certificate Number 110-			
Child's Name First	Middle	Last	Sex	Hour Of Birth	Date Of Birth (Mo., Day, Yr.)
City, Town Or Location Of Birth			I		County Of Birth
Mother (Maiden Name) First	Middle	Middle Last		f Birth (Age)	State Of Birth
Father's Name First	Middle	Last	Date Of Birth (Age)		State Of Birth
Item Omitted Or In Error Birth Cer		Birth Certif	ificate Shows		Should Be
I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Present Address Of Registrant (Street or R.F.D. No.,					.F.D. No., City, Town, State, Zip)
(signature of Registrant or parent) Subscribed and sworn to before me on (Mo. Day,					f. D Va)
(Signature of Notary)				1 to before the on (w	io. Day, 11.)
(Impress Seal Here) My Commission Expires (M					
APPLICANT—DO NOT WRITE BELOW THIS LINE					
Name and Kind Of Documentary Evidence (Include By Whom and Date Issued)					Original Document Date
Information Concerning Registrant As Stated On Document Of Corresponding Document Above Birthdate Or Age Birthplace Name Of Father Name Of Mother					
Diffidute of 1150	Brundate of Fig.		Tunic of Tunici		rume of mone.
Additional Information Or Explanation:					
I certify that as an official representative of the state registrar, I have examined the evidence and the information contained therein as indicated above.					Date Signed (Mo., Day, Yr.)
Signature Of State Registrar				Original Birth Certifi	icate File Date (Mo., Day, Yr.)