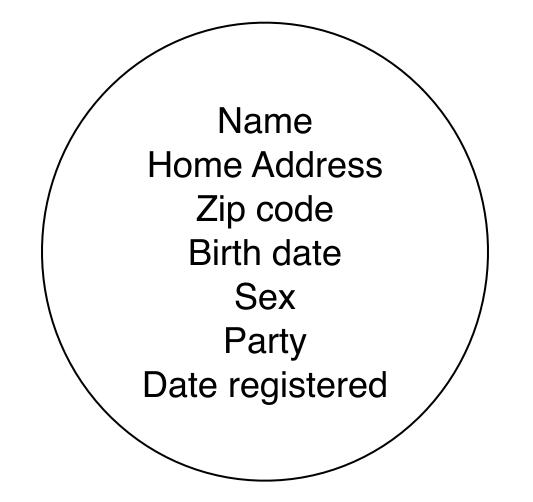
Zip code Birth date Sex **Ethnicity** Visit date Diagnosis Procedure Medication

De-identified medical data



Voter registration data