



STATE OF TENNESSEE  
DEPARTMENT OF PUBLIC HEALTH  
CORDELL HULL BUILDING  
NASHVILLE, TENNESSEE 37219



*Wendell Spurgeon*  
STATE REGISTRAR

JUNE 13, 1979

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

*E. W. Fowinkle*  
EUGENE W. FOWINKLE, M.D.  
Commissioner

**CERTIFICATE OF LIVE BIRTH**  
TENNESSEE DEPARTMENT OF PUBLIC HEALTH  
VITAL RECORDS

78 020523

141-

CHILD—NAME 1. Jonathan David Allen Moore			DATE OF BIRTH (MONTH, DAY, YEAR) 2a. April 24, 1978		HOUR 2b. 3:28P M.	
SEX 3. Male		THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, ETC. (SPECIFY) 4b.		
COUNTY OF BIRTH 5a. Washington		CITY, TOWN, OR LOCATION OF BIRTH 5b. Johnson City		INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. Yes		HOSPITAL—NAME (IF NOT IN HOSPITAL, SPECIFY PRIVATE RESIDENCE, DOCTOR'S OFFICE, ETC.) 5d. Memorial Hospital
MOTHER—MAIDEN NAME 6a. Charlene Rhea Chatman			AGE (AT TIME OF THIS BIRTH) 6b. 22		STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 6c. Tennessee	
RESIDENCE—STATE 7a. Tennessee		COUNTY 7b. Washington		CITY, TOWN, OR LOCATION 7c. Jonesboro		STREET AND NUMBER 7d. Rt. 9
FATHER—NAME 8a. David Allen Moore			AGE (AT TIME OF THIS BIRTH) 8b. 25		STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8c. Virginia	
I CERTIFY THAT I HAVE INSPECTED THIS CERTIFICATE FOR ACCURACY						
9. MOTHER'S SIGNATURE X <i>Charlene C. Moore</i>						
10a. SIGNATURE <i>B. H. Dunkelberger</i>			ATTENDANT—M.D., OTHER (SPECIFY) 10b. M.D.		DATE SIGNED (MONTH, DAY, YEAR) 10c. <i>4 May 78</i>	
10d. B.H. Dunkelberger, M.D. REGISTRAR—SIGNATURE			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10e. Professional Office Building			
11a. <i>Billie Byrd Des Reg</i>			DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 11b. 5-8-78			
12. P.O. 1223, Johnson City, Tennessee 37601						

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