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STATE OF TENNESSEE Office of Vital Records



TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER: 141 - 2021 000156

CHILD	1. CHILD'S NAME (First, Middle, Last, Suffix) MIVKA VUPPU				
	2. SEX FEMALE	3. DATE OF BIRTH (Mo/Day/Yr) 01/02/2021	4. TIME OF BIRTH (24 Hour) 05:58 PM	5. FACILITY NAME (If not institution, give street and number) ERLANGER EAST	
	6. CITY, TOWN OR LOCATION OF BIRTH CHATTANOOGA		7. COUNTY OF BIRTH HAMILTON		
MOTHER	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) CHARITHRA KASETTY			8b. DATE OF BIRTH (Mo/Day/Yr) 07/11/1995	
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) CHARITHRA KASETTY			8d. BIRTHPLACE (State, Territory, or Foreign Country) INDIA	
	9a. RESIDENCE OF MOTHER - STATE OR COUNTRY TENNESSEE		9b. COUNTY HAMILTON	9c. CITY, TOWN OR LOCATION CHATTANOOGA	
	9d. STREET AND NUMBER 936 MOUNTAIN CREEK ROAD		9e. APT. NO. N134	9f. ZIP CODE 37405	9g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	10. MOTHER'S MAILING ADDRESS <input checked="" type="checkbox"/> Same as Residence, or: Street and Number Apt. No. City State or Country Zip Code				
FATHER	11a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) VISWANATH VUPPU		11b. DATE OF BIRTH (Mo/Day/Yr) 10/27/1989		11c. BIRTHPLACE (State, Territory, or Foreign Country) INDIA
	12. CERTIFIER'S SIGNATURE AND DATE CERTIFIED /s/ SHARON MAYNARD SIGNATURE DATE SIGNED (Mo/Day/Yr) 01/04/2021				
CERTIFIER	TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input checked="" type="checkbox"/> HOSPITAL DESIGNEE <input type="checkbox"/> CNM/CN <input type="checkbox"/> CPM <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other Specify SHARON MAYNARD CERTIFIER'S PRINTED NAME				
	13. REGISTRAR'S SIGNATURE /s/ EDWARD G BISHOP III		14. DATE FILED BY REGISTRAR (Mo/Day/Yr) 01/04/2021		

PH - 1651 A Rev (07/2019)

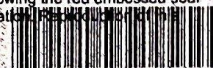
RDA 10113

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I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. If the record or document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III *Lisa Piercey*
 Edward G. Bishop III Lisa Piercey, MD, MBA, FAAP
 State Registrar Commissioner



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Date Issued: Jan-19-2021



CERTIFICATION OF VITAL RECORD

