

State of Mississippi

Office of the Secretary of State

Michael Watson, Secretary of State
Jackson, Mississippi

FILED

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3 / 13 / 2025, 1900 hrs.

To All Whom These Presents Shall Come:

Greeting: Let it be known, That *DAVID LOHRISCH*, whose name is subscribed to the annexed certificate, was on the day of the date thereof the duly qualified and legally acting *MISSISSIPPI STATE REGISTRAR, STATE BOARD OF HEALTH* in the State of Mississippi, that his attestation to the annexed *INSTRUMENT* is due form of Law, and made by the proper officer; and that full faith and credit are due to all his official acts.



Given under my hand and seal of office, the
19th day of August, 2024

Michael Watson

Michael Watson
SECRETARY OF STATE

United States of America



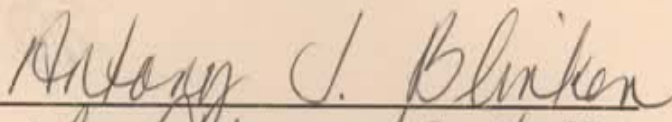
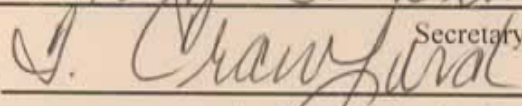
DEPARTMENT OF STATE

To all to whom these presents shall come, Greetings:

I Certify That the document hereunto annexed is under the Seal of the State(s) of Mississippi, and that such Seal(s) is/are entitled to full faith and credit.*

**For the contents of the annexed document, the Department assumes no responsibility
This certificate is not valid if it is removed or altered in any way whatsoever*

In testimony whereof, I, Antony J. Blinken, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this twenty-third day of October, 2024.


 Secretary of State
 By 
 Assistant Authentication Officer,
 Department of State

*Issued pursuant to CHIV, State of
Sept. 15, 1789, 1 Stat. 68-69; 22
USC 2657; 22USC 2651a; 5 USC
301; 28 USC 1733 et. seq.; 8 USC
1443(f); RULE 44 Federal Rules of
Civil Procedure*

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

CERTIFICATE OF LIVE BIRTH STATE OF MISSISSIPPI

STATE
FILE
NUMBER

123-

75 004796

REGISTRAR'S
NUMBER

1092

CHILD-NAME First Middle Last			DATE OF BIRTH (Month, Day, Year)		MOON
1. John Barrett Collins			2a. February 27, 1975		2b. 2:39 P.M.
SEX	THIS BIRTH—Single, Twin, Triplet, Etc. (Specify)		IF NOT SINGLE BIRTH, Born First, Second, Third, Etc. (Specify)		COUNTY OF BIRTH
3. Male	4a. Single		4b.		5a. Hinds
HOSPITAL OR CLINIC-NAME			CITY, TOWN OR LOCATION OF BIRTH		INSIDE CITY LIMITS (Specify Yes or No)
5b. Mississippi Baptist Hospital			5c. Jackson, Mississippi		5d. Yes
FATHER-NAME First Middle Last			RACE	AGE AT TIME OF THIS BIRTH	STATE OF BIRTH (If Not in U.S.A., Name Country)
6a. [REDACTED] Collins			6b. White	6c. 29	6d. Oklahoma
MOTHER-NAME First Middle Last (Maiden Name)			RACE	AGE AT TIME OF THIS BIRTH	STATE OF BIRTH (If Not in U.S.A., Name Country)
7a. [REDACTED]			7b. White	7c. 27	7d. Mississippi
RESIDENCE-STATE	COUNTY	CITY OR TOWN	INSIDE CITY LIMITS (Specify Yes or No)	STREET & NUMBER OR RURAL LOCATION	
8a. Mississippi	8b. Warren	8c. Vicksburg	8d. No	8e. [REDACTED]	
MAILING ADDRESS- STREET & NUMBER OR RURAL LOCATION			CITY OR TOWN	STATE	ZIP NUMBER
9a. [REDACTED]			9b. [REDACTED]	9c. Mississippi	39180
INFORMANT-NAME				RELATION TO CHILD	
10a. Mrs. John M. Collins				10b. Mother	
SIGNATURE OF MOTHER The above record is correct <i>Mrs. John M. Collins</i>					
I certify that the above named child was born alive at the place & time & on the date stated above			ATTENDANT—M.D., Midwife, Other (Specify)	DATE SIGNED (Month, Day, Year)	
11a. SIGNATURE <i>O.B. Wooley, Jr.</i>			11b. M.D.	11c. 2/27/75	
CERTIFIER-NAME (Type or Print)			MAILING ADDRESS (Street or Route, City or Town, State, Zip)		
11d. O. B. Wooley, Jr., MD			11e. 718 North State Street, Jackson, Mississippi		
REGISTRAR-SIGNATURE				DATE RECEIVED BY LOCAL REGISTRAR Month Day Year	
12a. <i>Mrs. Hazel Skelton</i>				12b. Jan. 7, 1975	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE.

Alton B. Cobb, M.D.
Alton B. Cobb, M.D.
STATE HEALTH OFFICER

June 21, 1990

David Lohrlich
David Lohrlich
STATE REGISTRAR

WARNING: It is illegal to alter or counterfeit this copy.

