Davidson County AFFIDAVIT
Recvd: 08/01/06 15:15 8 pgs
Fees:42.00 Taxes:0.00
20060801-0093561

This instrument prepared by:
Wallace Bookkeeping Service
P.O. Box 41404
Nashville, TN 37204

AFFIDAVIT OF HEIRSHIP

I, Samuel Burke, a citizen and resident of Davidson County, Tennessee, having first been duly sworn, hereby make the following affidavit:

1. That Willie J. Woodruff died in Davidson County, Tennessee on March 26, 2006. At the time of his death he was a citizen and resident at 1005 Halcyon Avenue, Nashville, TN 37204.

2. At the time of his death, Willie J. Woodruff was a widower.

3. That Willie J. Woodruff had two stepchildren from his wife, Lucy Woodruff who predeceased Willie J. Woodruff. He had no other children born to him or adopted by any other marriages.

4. The stepchildren are listed as follows:

   Samuel Burke DOB: February 11, 1929

   Richard Burke DOB: December 1, 1932 DOD: November 2, 1980

   That by operation of law the heirs at law of Samuel Burke and Richard Burke the only stepchildren of Willie J. Woodruff.

5. The children of Samuel Burke are listed as follows:

   Sheila Y. Wallace DOB: May 9, 1963

6. The children of Sheila Y. Wallace are listed as follows:

   Carl Wallace DOB: January 31, 1993

   Samuel Hale-Wallace DOB: April 18, 2001

7. Richard Burke had no children born to him or adopted by any other marriages.

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR
PRINTING IN THIS DOCUMENT
UNSATISFACTORY WHEN RECEIVED

The Affiant is further advised under TCA 30-2-712 that whomever shall wilfully, corruptly and falsely swear to any statement in an affidavit of heirship know by him/her to be false, or about which he/she does not have sufficient knowledge to justify his/her making such a sworn statement on conviction shall be imprisoned in the penitentiary for not less than one, nor more than five years.

Further, your affiant saith not.

Dated this the 31 day of July, 2006.

Samuel Burke — Witness

Samuel Burke — Daphne L. Moore

Acknowledgment

State of Tennessee)
)ss
County of Davidson)

On this 31st day of July, 2006 Before me personally appeared Samuel Burke, to me know to be the person described in and who executed the foregoing Affidavit of Hership and acknowledged to me that Samuel Burke excuted the same as his free act and deed.

Dorothy M Jenkins
Notary Public

DOROTHY M. JENKINS
STATE OF TENNESSEE NOTARY PUBLIC
DAVISON COUNTY

My commission expires 1/24/2009

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0601721

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): WILLIE JAMES WOODRUFF
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): MARCH 26, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): 409-09-6615
5a. AGE-LAST BIRTHDAY (Years): 95
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): SEP 10 1910
7. BIRTHPLACE (City and State or Foreign Country): ATHENS, AL
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 X Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): CENTENNIAL MEDICAL CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): LABORER
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1005 HALCYON AVENUE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No X
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4; College (1-4 or 5+):
NAME OF DECEDENT: For use by physician or medical examiner
PARENTS
17. FATHER'S NAME (First, Middle, Last): WILL WOODRUFF
18. MOTHER'S NAME (First, Middle, Maiden Surname): unknown
INFORMANT
19a. INFORMANT'S NAME (Type/Print): SHEILA WALLACE
19b. RELATIONSHIP TO DECEASED: GRAND DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1005 HALCYON AVENUE NASHVILLE, TN 37204
DISPOSITION
20a. METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): GREENWOOD CEMETERY
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: TONYA HAYNES
21d. LICENSE NUMBER OF EMBALMER: 5682
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, INC. 706 MONROE STREET, NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809
REGISTRAR
23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): March 30, 2006
CERTIFIER
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 X SIGNATURE AND TITLE OF PHYSICIAN: [signature] Gerard Vaux, MD
25b. LICENSE NUMBER: 28242
25c. DATE SIGNED (Month, Day, Year): 3/29/06
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.
2 SIGNATURE AND TITLE OF MEDICAL EXAMINER:
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Suite 500, 2400 Patterson St, Nashville TN 37203
CAUSE OF DEATH
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cerebrovascular Disease
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
SEE INSTRUCTIONS ON OTHER SIDE
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
30. MANNER OF DEATH: 1 X Natural 5 Pending Investigation; 2 Accident; 3 Suicide 6 Could not be Determined; 4 Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

PH-1859 (REV. 6/99)
BIRTH NO.
RDA 1386

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

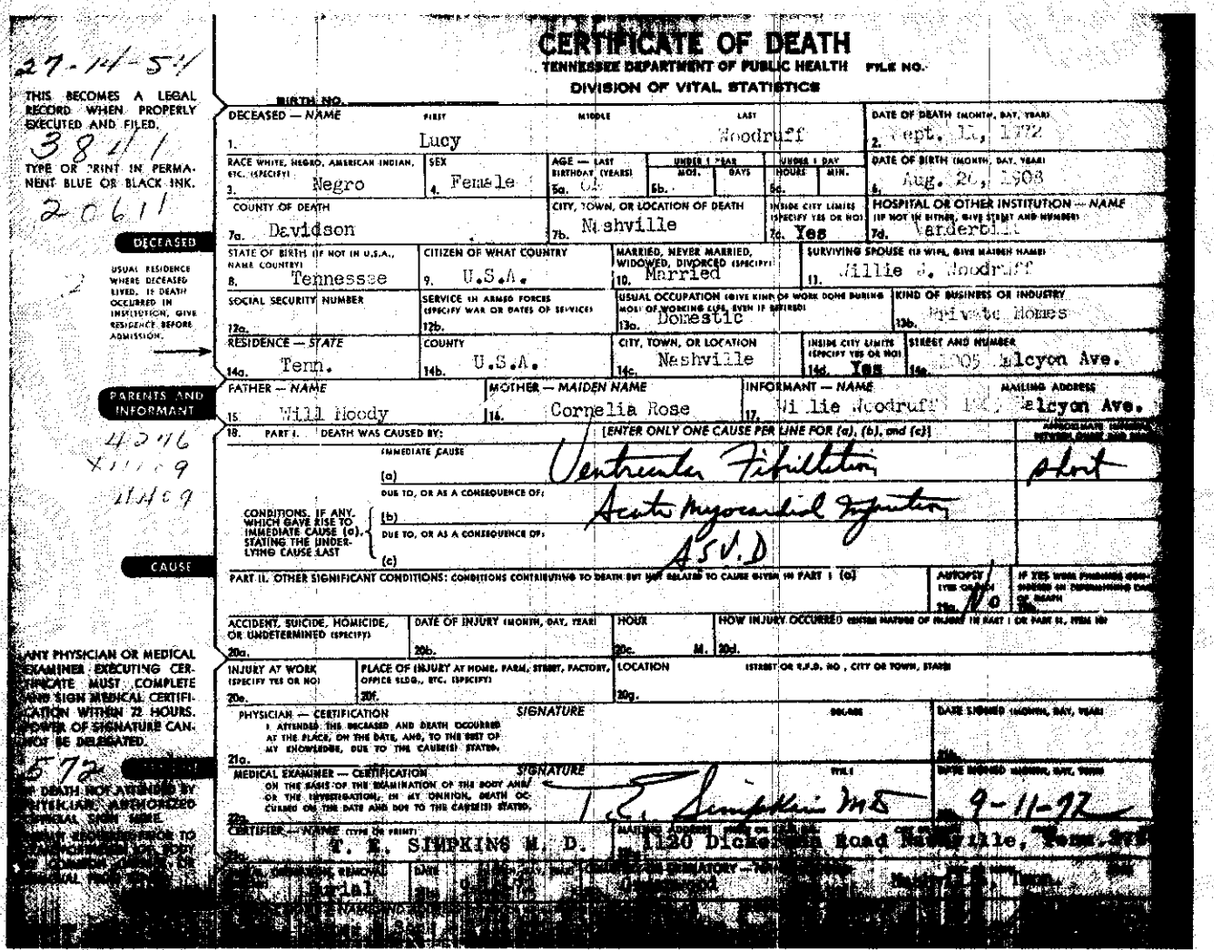
Tonya Y Ruttlen
Tonya Y Ruttlen
Local Registrar

7/11/2006
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD



CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — FILE NO.

DIVISION OF VITAL STATISTICS

27-14-54

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

38 1/1

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

20611

BIRTH NO.

DECEASED

1. DECEASED — NAME: Lucy (First) (Middle) Woodruff (Last)
2. DATE OF DEATH (Month, Day, Year): Sept. 11, 1972
3. RACE (White, Negro, American Indian, etc.): Negro
4. SEX: Female
5a. AGE — Last Birthday (Years): 64
5b. Under 1 Year — Months / Days
5c. Under 1 Day — Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Aug. 20, 1908
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
7c. INSIDE CITY LIMITS (Specify Yes or No): Yes
7d. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Vanderbilt
8. STATE OF BIRTH (If not in U.S.A., name country): Tennessee
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Willie J. Woodruff
12a. SOCIAL SECURITY NUMBER:
12b. SERVICE IN ARMED FORCES (Specify War or Dates of Service):
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
13b. KIND OF BUSINESS OR INDUSTRY: Private Homes

USUAL RESIDENCE (Where deceased lived. If death occurred in institution, give residence before admission.)

14a. RESIDENCE — STATE: Tenn.
14b. COUNTY: U.S.A.
14c. CITY, TOWN, OR LOCATION: Nashville
14d. INSIDE CITY LIMITS (Specify Yes or No): Yes
14e. STREET AND NUMBER: 2005 Elcyon Ave.

PARENTS AND INFORMANT

15. FATHER — NAME: Will Moody
16. MOTHER — MAIDEN NAME: Cornelia Rose
17. INFORMANT — NAME: Willie Woodruff — MAILING ADDRESS: 2005 Elcyon Ave.

42276
X1119
11/19

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

IMMEDIATE CAUSE (a): Ventricular Fibrillation — abort

DUE TO, OR AS A CONSEQUENCE OF (b): Acute Myocardial Infarction

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (c): A.S.V.D

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (Yes or No): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)
20b. DATE OF INJURY (Month, Day, Year)
20c. HOUR — A.M. / P.M.
20d. HOW INJURY OCCURRED (Describe nature of injury in Part I or Part II, Item 18)
20e. INJURY AT WORK (Specify Yes or No)
20f. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify))
20g. LOCATION (Street or R.F.D. No., City or Town, State)

ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

572

DEATH NOT ATTENDED BY PHYSICIAN AUTHORIZED TO SIGN MEDICAL CERTIFICATION

21a. PHYSICIAN — CERTIFICATION — SIGNATURE — DEGREE — DATE SIGNED (Month, Day, Year)
I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. MEDICAL EXAMINER — CERTIFICATION — SIGNATURE — TITLE — DATE SIGNED (Month, Day, Year)
ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
T. E. Simpkins M.D. — 9-11-72

22b. CERTIFIER — NAME (Type or Print): T. E. SIMPKINS M. D. — MAILING ADDRESS (Number, Street, City or Town, State, Zip Code): 1120 Dickerson Road Nashville, Tenn. 37207

22c. DISPOSITION (Burial, Cremation, Removal, Donation, etc.): Burial — DATE — CEMETERY OR CREMATORY — NAME AND ADDRESS

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued DEC 3 2003

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

8005062

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

FHLN FORM NO. RE.10
REVISED 1-78

Richard		Burke		11-2-1980	
47		December 1,1932	Black	Male	
Davidson	Nashville	yes	Metro General Hosp.	Inpatient	
Tennessee	USA	never married	None		
410-36-9059	Korean	Laborer	Car Wash		
Tennessee	Davidson	Nashville	320 McMillan Ave	yes	
John Burke	Lucy Butler		Samuel Burke 1095 Halcyon		
Burial	11-8-1980	Greenwood	Nashville, Tenn.		
Wm H Johnson Sr 1992		Ronald T. Brown 2754			
Johnson's House of Atena-Nashville		Luther D Grubbs 11-14-80			
		M.D.	11-12-80		
Benton Adkins, M. D.		General Hospital, Nashville, Tennessee			

PART I. DEATH WAS CAUSED BY:

Pneumonia + Sepsis

Respiratory Insufficiency

Cardiac Disorganization

PART II OTHER SIGNIFICANT CONDITIONS

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED

INJURY AT WORK

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued JUL 27 2006

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

240966

Certification of Birth

Lake County Clerk
Waukegan, Illinois

BIRTH NUMBER: 112-01-0027018

NAME: SAMUEL LEBRON HALE-WALLACE

DATE OF BIRTH: APRIL 18, 2001 SEX: MALE

PLACE OF BIRTH: CUBA TWP, LAKE COUNTY, ILLINOIS

MAIDEN NAME OF MOTHER: SHEILA YVETTE BURKE

PLACE OF BIRTH OF MOTHER: INDIANA AGE: 37

NAME OF FATHER: LEBRON MCKINLEY HALE

PLACE OF BIRTH OF FATHER: ILLINOIS AGE: 44

DATE FILED: MAY 7, 2001 DATE ISSUED: JUNE 20, 2002

SEAL

This is to certify that this is a true and correct abstract from the official record filed with the Illinois Department of Public Health.

Not valid without the embossed seal of Lake County, Illinois.

Willard R. Helander

WILLARD R. HELANDER
LAKE COUNTY CLERK

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
CERTIFICATE OF LIVE BIRTH

Local No. 63-2251

1. PLACE OF BIRTH a. COUNTY: LAKE	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: INDIANA b. COUNTY: LAKE
b. CITY, TOWN, OR LOCATION: GARY	c. CITY, TOWN, OR LOCATION: GARY
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): ST. MARY MERCY	d. STREET ADDRESS: 2726 WEST 10th PLACE
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES ☒ NO ☐	e. IS RESIDENCE INSIDE CITY LIMITS? ☒ YES ☐ NO
	f. IS RESIDENCE ON A FARM? ☐ YES ☒ NO

CHILD

3. NAME First	Middle	Last
SHEILA	YVETTE	BURKE

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET, WAS CHILD BORN	6. DATE OF BIRTH Month	Day	Year
FEMALE	☒ SINGLE ☐ TWIN ☐ TRIPLET	1st ☐ 2d ☐ 3d ☐	5	9	63

FATHER

7. NAME First	Middle	Last	8. COLOR OR RACE
SAMUEL	--	BURKE	NEGRO

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
34 YEARS	TENNESSEE	CLUB OWNER	GARY CIVIC ASSOCIATION

MOTHER

12. MAIDEN NAME First	Middle	Last	13. COLOR OR RACE
MARIE	MARGARET	SCOTT	NEGRO

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many other children are now living?	b. How many other children were born alive but are now dead?	c. How many fetal deaths (fetuses born dead at ANY time after conception)?
31 YEARS	INDIANA	5	1	0

17. INFORMANT'S SIGNATURE: MARIE BURKE

18. MOTHER'S MAILING ADDRESS: 2726 WEST 10th PLACE, GARY, INDIANA

I hereby certify this child was born alive 4:30am cst on date stated above.

18a. SIGNATURE: Daniel D Chute

18b. ATTENDANT AT BIRTH: M. D. ☒ D. O. ☐ MIDWIFE ☐ OTHER (Specify)

18c. ADDRESS: 1606 Broadway, Gary Ind

18d. DATE SIGNED: 5/11/63

19. DATE RECD. BY HEALTH DEPT.: MAY 13, 1963

20. SIGNATURE OF HEALTH OFFICER: R J Rosenbloom MD

21. DATE ON WHICH GIVEN NAME ADDED: BY

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

TYPE OR PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEPARTMENT OF HEALTH - CITY OF CHICAGO

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

APR 29 1993

I, VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MATCHING DC

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS

CERTIFICATE OF LIVE BIRTH

CHILD'S BIRTH NUMBER 112-93 605534

CHILD

1. CHILD'S NAME FIRST	MIDDLE	LAST	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. TIME OF BIRTH
CARL	LEONARD	WALLACE II	JAN. 31, 1993	06:58A M

4. SEX	5. CHILD'S BLOOD TYPE	6. CITY, TOWN, TWP., ROAD DIST. NO., OR LOCATION OF BIRTH	7. COUNTY OF BIRTH
MALE	-	CHICAGO	COOK

033

8. PLACE OF BIRTH	9. FACILITY NAME (IF NOT INSTITUTION, GIVE STREET AND NUMBER)
HOSPITAL	HUMANA HOSP-MICHAEL REESE

CERTIFIER ATTENDANT

I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED.

10a. SIGNATURE ▶ Renee Peterson

10b. DATE SIGNED (MONTH, DAY, YEAR) 2/4/93

10c. ILLINOIS LICENSE NUMBER [redacted]51482

11. ATTENDANT'S NAME AND TITLE (IF OTHER THAN CERTIFIER) (TYPE/PRINT)

12. CERTIFIER'S NAME AND TITLE (TYPE/PRINT)
ANNE B WARD
M. D.

13. ATTENDANT'S MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE)
30 N MICHIGAN AVE 1422
CHICAGO IL 60602

14. LOCAL REGISTRAR'S SIGNATURE ▶ Virginia L Parker, MBA

15. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 16 1993

MOTHER

16a. MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST)			17. DATE OF BIRTH (MONTH, DAY, YEAR)	18. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
SHEILA	YVETTE	BURKE	05/09/63	INDIANA

19a. RESIDENCE-STREET AND NUMBER	19b. CITY, TOWN, TWP., OR ROAD DIST. NO.	19c. INSIDE CITY (YES/NO)
2024 ALGONQUIN ROAD APT.# 2C	MOUNT PROSPECT	YES

19d. COUNTY	19e. STATE	19f. MOTHER'S MAILING ADDRESS (IF SAME AS RESIDENCE, ENTER ZIP CODE ONLY)
COOK	IL	60056

FATHER

20a. FATHER'S NAME (FIRST, MIDDLE, LAST)			21. DATE OF BIRTH (MONTH, DAY, YEAR)	22. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
CARL	LEONARD	WALLACE	06/02/56	ILLINOIS

INFORMANT

23. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

23a. MOTHER'S SIGNATURE ▶ Sheila Y. Wallace

23b. FATHER'S SIGNATURE ▶ Carl L Wallace

VR 100 REV 4/89

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

OF HISPANIC ORIGIN? (Specify No or Yes and if Yes, specify Mexican, Puerto Rican, Cuban, Central or South American, or other Hispanic origin)

RACE