THIS INSTRUMENT PREPARED BY:	STATE OF TENNESSEE COUNTY OF Davidson
MARTIN HELLER POTEMPA & SHEPPARD, PLLC 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096 Karen Johnson Davidson County Batch # 1190725 AFFIDAVITH 10/07/2024 10:07:30 AM 10 pgs Fees: $52.00 Taxes: $0.00 20241007-0077661 ducted in the preparation of this Affidavit. All information was provided by the Affiant.	The actual consideration for this transfer is: $0.00. Felicia Lopez AFFIANT Subscribed and sworn to before me, this 6 day of August 2024. Jessica Ann Clegg NOTARY PUBLIC My Commission Expires: 01-04-27

JESSICA ANN CLEGG STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF DAVIDSON MY COMM. EXPIRES JANUARY 4, 2027

Address New Owner:	Send Tax Bills To:	Tax Information:
Aundrea Epps, Kenneth Snead, and Andrea Snead 4501 Airline Blvd Chesapeake, VA 23321	New Owner	**10509013800** **09316003200 /** **09316003300** **10504019800** **10504019900** **10504020000** **10504020200** **10504020100**

AFFIDAVIT OF HEIRSHIP

1. My name is **Lillie Edwards** ("Affiant"). I currently reside in Davidson County, State of Tennessee. I am an adult, and I am competent to give the testimony in this sworn Affidavit. My testimony herein is based upon my personal knowledge.

2. **AUNDRA SNEAD** (hereinafter "Decedent") was my friend and I knew him for approximately 60 years.

3. Decedent died on March 16, 2024, as a resident of Davidson County, Tennessee. His Death Certificate is attached hereto as **Exhibit 1**. To my knowledge, he died without a Last Will and Testament and an estate has not been opened for probate administration.

4. At the time of his passing, Decedent owned EIGHT real properties located in Davidson County, Tennessee (hereinafter collectively referred to as "Properties"). Those

Properties are described as follows:

Property 1: (M/P 10509013800)

Being Lot No. 22 on the Map of the Bransford Realty Company's Re-Subdivision of the North part of A. B. Hill's Subdivision of the Plant Lands, as of record in Book 421, page 77, Register's Office for said County.

Said Lot No. 22 fronts 40 feet on the Southerly side of Wade Street, formerly Wallace Avenue, and runs back between parallel lines, 150 feet to an alley.

Being the same property conveyed to Aundra Sneed by Warranty Deed from J.W. McClure, a widower, of record in Book 7445, Page 227, Registers Office of Davidson County, Tennessee. Aundra Sneed being one in the same person as Aundra Snead.

This is improved property known as: **1107 WADE AVENUE, NASHVILLE, TENNESSEE 37203.**

Property 2 and 3: (M/P 09316003200 & 09316003300)

Land in Davidson County, Tennessee, being Lot No. 197, 198 and 199 on the Plan of Maury and Claiborne's Addition to South Nashville, of record i n Book 21, Page. 84 and 85, Register's Office for said county, to which reference is made for a more complete description.

Being the same property conveyed to Aundra Sneed by Warranty Deed from Lucille Woods, a widow, of record in Book 6544, Page 615, Registers Office of Davidson County, Tennessee. Aundra Sneed being one in the same person as Aundra Snead.

This is unimproved property known as: **14 & 16 CANNON STREET, NASHVILLE, TENNESSEE 37210.**

Property 4: (M/P 10504019800)

BEING the easterly 37-1/2 feet of Lot No. 48 in John Trimbles National Hill Plan of Lots in South Nashville, of record in Book 21, Page 121, Register's Office for Davidson County, Tennessee.

SAID part of said lot fronts 37-1/2 feet on the south side of Garden Street and runs back between parallel lines, 120 feet to an alley.

Being the same property conveyed to Aundra Snead by Warranty Deed from Jackie Hatcher and Benny Santiago, as joint tenants with right of survivorship, of record in Instrument No. 20050526-0059452, Registers Office of Davidson County, Tennessee.

This is improved property known as: **17 GARDEN STREET, NASHVILLE, TENNESSEE 37210.**

Property 5: (M/P 10504019900)

Land in Davidson County, Tennessee, Being Lot No. 47 on Trimble's National Hill Plan, amended, as of record in Book 21 page 121, Register's Office for said County. Said Lot No. 47 fronts 50 feet on the South side of Garden Street and runs back between parallel lines 120 feet to an alley.

Being the same property conveyed to Aundra Snead by Warranty Deed from Fronze W. Vanley, Lilly Pearl Vanley, Douglas L. Ridley a single person, Allen P. Ridley, Andrea Ridley, Hattie D. Stevens, Earl H. Stevens, Fannie M. Harris a single person, Novella Haddox and Freman Haddox, of record in Book 7750, Page 501, Registers office of Davidson County, Tennessee.

Further being the same property conveyed by Quitclaim Deed a life estate to Mildred S. Woodard from Aundra Snead, of record in Book 8494, Page 979, Registers Office of Davidson County, Tennessee. Said life estate terminated upon the death of the said Mildred S. Woodard on September 26, 2012, and the property vested solely in the name of Aundra Snead.

This is improved property known as: **19 GARDEN STREET, NASHVILLE, TENNESSEE 37210.**

Property 6: (M/P 10504020000)

LAND in Davidson County, Tennessee, being the western half of Lot No. 46 in Trimble's Addition, a plan of which is recorded in Book 21, Page 12, said Register's Office. Said part of Lot No. 46 fronts 25 feet on Garden Street and runs back 120 feet to an alley.

Being the same property conveyed to Aundra Snead by Warranty Deed from Bud Properties, LLC, of record in Instrument No. 20090414-0033726, Registers Office of Davidson County, Tennessee.

This is improved property known as: **25 GARDEN STREET, NASHVILLE, TENNESSEE 37210.**

Property 7: (M/P 10504020200)

Being the westerly 30 feet of Lot No. 45 of John Trimble's National Hill Plan, in Nashville, Tennessee, fronting 30 feet on the south side of Garden Street, running back between parallel lines, 120 feet to an alley. See plan in Book No. 21, page 121, of the Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Aundra Snead by Warranty Deed from Christena Scales, unmarried of Record Book 9486, Page 557, Registers Office of Davidson County, Tennessee.

This is unimproved property known as: **29 GARDEN STREET, NASHVILLE, TENNESSEE 37210.**

Property 8: (M/P 10504020100)

Being part of Lot 46 Trimble Addition located on Garden Street and shown as Map 105-4, Parcel 201 of the Metropolitan Government of Nashville and Davidson County Property Maps, Field Book No. 14W 21430, also being 25 X 120 in size, more or less.

Being the same property conveyed to Aundra Snead by Quitclaim Deed from Christena Scales, unmarried, of record in Book 9486, Page 554, Registers Office of Davidson County, Tennessee.

This is unimproved property known as: **0 GARDEN STREET, NASHVILLE, TENNESSEE 37210.**

5. The Decedent was unmarried at the time of his death.

6. Decedent was survived by three (3) children: Aundrea Epps (born 9/28/1964, named Aundrea Denise Snead) Kenneth Snead (born 6/11/1959, named Kenneth Aundra Snead), and Andrea Snead (born 10/4/1964, named Andrea Denise Snead). Proof of

paternity has been established for each, as evidenced by **Collective Exhibit 2**. There is a fourth purported child, Aundra Snead Swinger, born 12/7/1965; however, paternity was never established.

7. Decedent had no other children, born-to or adopted by him, during his lifetime.

8. Therefore, Decedent's interest in the above listed Properties vested in fee simple absolute in Aundrea Epps, Kenneth Snead, and Andrea Snead, his sole heirs-at-law, immediately upon his death, pursuant to T.C.A. §31-2-103. As of the filing of this Affidavit, ownership of the Property remains vested in fee simple in the names of **AUNDREA EPPS, KENNETH SNEAD, and ANDREA SNEAD, AS TENANTS IN COMMON**.

FURTHER AFFIANT SAYETH NOT.

SWORN this 6 day of August 2024.

Lillie B. Edwards
Lillie Edwards, Affiant

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Lillie Edwards**, the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 6 day of August 2024.

Jessica Ann Clegg
NOTARY PUBLIC
My commission expires: 01-04-27

JESSICA ANN CLEGG
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMM. EXPIRES JANUARY 4, 2027

STATE OF TENNESSEE
Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 017467

1. Decedent's Legal Name: AURORA SNEAD				2. Sex: MALE	3. Date of Death: 03/18/2024
4. Time of Death (Approx.): 18:36	5a. Age: 85	6. Date of Birth: 11/02/1938	7. Birthplace: MOBILE, AL		
8a. Place of Death: DECEDENT'S HOME					
8b. Facility Name: 19 GARDEN STREET		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON	
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to last marriage)	11a. Decedent's Usual Occupation: METAL MANUFACTURER		11b. Kind of Business/Industry: FERRO	
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
13d. Street and Number: 19 GARDEN STREET		13e. Inside City Limits? YES	13f. Zip Code: 37210	14. Was Decedent ever in US Armed Forces? YES	
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED		16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: BLACK OR AFRICAN AMERICAN	
18. Father's Name: LEWIS SNEAD				19. Mother's Name Prior to First Marriage: SALLY DILLARD	
20a. Informant's Name: AUNDREA EPPS	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 4501 AIRLINES BLVD, CHESAPEAKE, VA 23321			
21a. Method of Disposition: BURIAL		21b. Place of Disposition: MIDDLE TN VETERANS CEMETERY		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: /s/ MELVIN J SMITH		22b. License Number: 4502	22c. Signature of Embalmer: ▶	22d. License Number:	
23a. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618				23b. License Number: 809	
24. Registrar's Signature: /s/ EDWARD G BISHOP III		25. Date Filed: 03/21/2024			

26. Certifier
26a. ☐ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED
26b. ☒ MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. Certifier	27b. License Number	27c. Date Signed
/s/ SHANNON MURPHY CROOK	61601	03/20/2024

27d. Name and Address: SHANNON MURPHY CROOK 850 R S GASS BLVD, NASHVILLE, TN 37216

28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. [redacted]	
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.
RECENT RIGHT HIP FRACTURE; CHRONIC OBSTRUCTIVE PULMONARY DISEASE

29a. Was an Autopsy Performed? NO
29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death	31. Did Tobacco Use Contribute to Death?	32. If Female:		
ACCIDENT	UNKNOWN	N/A		
33. If Transportation Injury, Specify:	34a. Date of Injury: UNKNOWN	34b. Time of Injury: UNKNOWN	34c. Injury at Work? NO	34d. Place of Injury: RESIDENCE
	34e. Describe How Injury Occurred: DECEDENT FELL			34f. Location of Injury: 19 GARDEN STREET, NASHVILLE, TN

PH-1659E

RDA 10112

15845974

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. Reproduction of this document is prohibited.

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Mar-21-2024

CERTIFICATION OF VITAL RECORD

PUBLIC HEALTH COUNCIL
ORAN A. OLIVER, D.D.S., CHAIRMAN, NASHVILLE
J. KELLY AVERY, M.D., VICE-CHAIRMAN, UNION CITY
WILLIAM P. WINTER, PH. C., SECRETARY, NASHVILLE
T. R. RAY, M.D., SHELBYVILLE
LOUIS A. PILLSBURY, M.D., HARRIMAN
MRS. JONES ROSS, GERMANTOWN
MAYNE MAUPIN, JR., M.D., MEMPHIS
JOHN W. ADAMS, JR., M.D., CHATTANOOGA
HORACE KOCHTITZKY, M.D., NASHVILLE

R. H. HUTCHESON, M. D.
COMMISSIONER OF PUBLIC HEALTH

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

[redacted]

October 26, 1964

THIS IS NOT A CERTIFIED COPY.
IF YOU WANT A CERTIFIED COPY SEND $1.00.

Dear Parent:

Is THIS COPY of your child's birth certificate CORRECT? If not, make CHANGES on the COPY. If you RETURN the COPY to the Division of Vital Statistics, State Department of Public Health, Cordell Hull Building, Nashville, Tennessee, the ORIGINAL certificate will be CORRECTED.

Please sign here .....

Date signed .....

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF PUBLIC HEALTH – STATE OF TENNESSEE – DIVISION OF VITAL STATISTICS

NO. 141- 64-55015

1. NAME OF CHILD: Aundrea (FIRST) Denise (MIDDLE) Coleman Snead (LAST)

2. SEX: Female

3A. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐

3B. IF TWIN OR TRIPLET, THIS CHILD BORN: 1ST ☐ 2ND ☐ 3RD ☐

4. DATE OF BIRTH: MONTH DAY YEAR — 9-28-64

5. PLACE OF BIRTH
A. COUNTY: Davidson
B. CIVIL DISTRICT:
C. CITY OR TOWN: Nashville
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. NAME OF HOSPITAL (IF NOT IN HOSPITAL, GIVE STREET ADDRESS OR LOCATION): Riverside

6. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Tennessee
B. COUNTY: Davidson
C. CIVIL DISTRICT:
D. CITY OR TOWN: Nashville
E. INSIDE CITY LIMITS? YES ☐ NO ☐
F. STREET ADDRESS (OR LOCATION): 1606 10th Avenue South
G. IS RESIDENCE ON A FARM? YES ☐ NO ☒

FATHER OF CHILD

7. FULL NAME: Aundra (FIRST) Snead (LAST)
8. COLOR OR RACE: Negro
9. AGE (At time of this birth): 25 YEARS
10. BIRTHPLACE (State or Foreign Country): Mobile, Alabama
11A. USUAL OCCUPATION: Mill Operator
11B. KIND OF BUSINESS OR INDUSTRY: Ferro Corporation

MOTHER OF CHILD

12. FULL MAIDEN NAME: Lillie (FIRST) Beatrice (MIDDLE) Lockridge (LAST)
13. COLOR OR RACE: Negro
14. AGE (At time of this birth): 18 YEARS
15. BIRTHPLACE (State or Foreign Country): Nashville, Tennessee
16A. USUAL OCCUPATION: Student
16B. KIND OF BUSINESS OR INDUSTRY: Same

17. PREVIOUS DELIVERIES TO THIS MOTHER (DO NOT INCLUDE THIS CHILD): 1
A. HOW MANY OTHER CHILDREN ARE NOW LIVING? 1
B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
C. HOW MANY FETAL DEATHS? (BORN DEAD AFTER 20 WEEKS OF PREGNANCY): 0

18. MOTHER'S MAILING ADDRESS: 403 Lyle Avenue
1606 10th Avenue South, Nashville, Tennessee

19. SIGNATURE
A. I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE
NAME: [signature] M.D. ☒ D.O. ☐ MID-WIFE ☐ OTHER (SPECIFY)
B. ADDRESS: 1820 Charlotte Avenue, Nashville, Tennessee
C. DATE SIGNED

20A. REGISTRATION DISTRICT NO.: 2104
20B. DATE RECEIVED BY LOCAL REGISTRAR: 10-12-64
20C. REGISTRAR'S SIGNATURE: Cordie D. Hodges Deputy Registrar

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ALABAMA
Center for Health Statistics

ANY ALTERATIONS VOID THIS DOCUMENT

ANY ALTERATIONS VOID THIS DOCUMENT

✓ THIS IS A LEGAL RECORD AND MUST BE FILED WITH LOCAL REGISTRAR WITHIN FIVE (5) DAYS AFTER BIRTH.

SEE OTHER SIDE.

FILL IN WITH A TYPEWRITER OR WRITE PLAINLY WITH DARK INK. DO NOT USE GREEN NOR RED INK.

ATTENDANT MUST SIGN PERSONALLY.

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

CERTIFICATE OF LIVE BIRTH
STATE OF ALABAMA

BIRTH NO. 101- 64-060651

1. PLACE OF BIRTH
a. County: Mobile 4902 1 b. Beat No.
c. City (If outside city or town limits, write RURAL) Or Town: Mobile
d. Full Name of (If NOT in hospital or institution, give street address or location) Hospital Or Institution: MOBILE GENERAL HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. State: Alabama 4902 1 b. County: Mobile
c. City (If outside city or town limits, write RURAL) Or Town: Mobile d. Beat No.
e. Street Address (If rural, give location): 2204 Hathcox Street

3. CHILD'S NAME (Type or print): a. (First) Andrea b. (Middle) Denise c. (Last) Snead

4. Sex: Female 4a. This Birth: Single [X] Twin [ ] Triplet [ ] 5b. If Twin Or Triplet (This child born): 1st [ ] 2nd [ ] 3rd [ ] 6. Date Of Birth: (Month) 10 (Day) 4 (Year) 64

FATHER OF CHILD

7. Full Name: a. (First) Aundra b. (Middle) c. (Last) Snead 530 8. Color Or Race: Colored

9. Age (At time of this birth) 27 Years: 10. Birthplace (State or foreign country): Alabama 11a. Usual Occupation: Laborer 11b. Kind of Business or Industry:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) Doris b. (Middle) Jean c. (Last) Giles 13. Color Or Race: Colored

14. Age (At time of this birth) 27 Years: 15. Birthplace (State or foreign country) Alabama /

16. Children Previously Born To This Mother (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT (Signature or Name): Doris Jean Snead

I hereby certify this child was born alive on the date stated above.
18a. Signature of Attendant: [signature]
18b. Attendant at Birth: M.D. (X) Midwife ( )
18c. Date Signed: 10-4-64
18d. Address: Mobile General Hospital

19. Date Rec'd by Local Reg.: OCT 6 1964
20. Registrar's Signature: [signature]

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2024-217-793-5

April 3, 2024

Nicole Henderson Rushing
State Registrar of Vital Statistics

STATE OF TENNESSEE
Office of Vital Records

Dr. Fleming
4637

1994
28
1994

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF PUBLIC HEALTH – STATE OF TENNESSEE – DIVISION OF VITAL STATISTICS

No. 141- 59-33329

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PREPARE SEPARATE FORM FOR EACH CHILD IF MULTIPLE BIRTH.

ATTENDANT MUST SIGN. IF SIGNATURE BY DELEGATE, BE

ATTENDANT FILE THE WITH THE REGISTRAR WITHIN 5 AFTER BIRTH.

GIVE MOTHER'S MAILING ADDRESS. A FREE PHOTOSTATIC COPY OF THIS CERTIFICATE WILL BE SENT TO HER.

ITEMS 21-23 ARE FOR MEDICAL AND HEALTH USE ONLY AND WILL NOT APPEAR ON COPIES.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE – PUBLIC HEALTH SERVICE

1. NAME OF CHILD	Kenneth (First)	Aundra (Middle)	Snead (Last)
2. SEX: M	3A. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]	3B. IF TWIN OR TRIPLET, THIS CHILD BORN: 1ST [ ] 2ND [ ] 3RD [ ]	4. DATE OF BIRTH: Month 6 Day 11 Year 59
5. PLACE OF BIRTH: A. COUNTY Davidson; B. CIVIL DISTRICT 1; C. CITY OR TOWN Nashville; D. INSIDE CITY LIMITS? YES [X] NO [ ]			
6. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?): A. STATE Tenn. B. COUNTY David. C. CIVIL DISTRICT 1; D. CITY OR TOWN Nashville; E. INSIDE CITY LIMITS? YES [X] NO [ ]			
E. NAME OF HOSPITAL (IF NOT IN HOSPITAL, GIVE STREET ADDRESS OR LOCATION): Vanderbilt University Hospital		F. STREET ADDRESS (OR LOCATION): 1307 Acklen Ave.	G. IS RESIDENCE ON A FARM? YES [ ] NO [X]

FATHER OF CHILD

7. FULL NAME	First	Middle	Last	8. COLOR OR RACE
	Aundra		Snead	Negro

9. AGE (At time of this birth)	10. BIRTHPLACE (State or Foreign Country)	11A. USUAL OCCUPATION	11B. KIND OF BUSINESS OR INDUSTRY
22 YEARS	Alabama	Air Force	U.S. Air Force

MOTHER OF CHILD

12. FULL MAIDEN NAME	First	Middle	Last	13. COLOR OR RACE
	Doris	Gean	Giles	Negro

14. AGE (At time of this birth)	15. BIRTHPLACE (State or Foreign Country)	16A. USUAL OCCUPATION	16B. KIND OF BUSINESS OR INDUSTRY
21 YEARS	Alabama	Housewife	Own home

17. PREVIOUS DELIVERIES TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)	A. HOW MANY OTHER CHILDREN ARE NOW LIVING? 0	B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0	C. HOW MANY FETAL DEATHS? (BORN DEAD AFTER 20 WEEKS OF PREGNANCY)

18. MOTHER'S MAILING ADDRESS: 1307 Acklen Ave., Nashville, Tennessee

RECEIVED JUN 22 1959

19. SIGNATURE — A. I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE
NAME: Jno H. Fleming Jr. M.D. [X] D.O. [ ] MID-WIFE [ ] OTHER [ ]
B. ADDRESS: Vanderbilt University Hospital-Nashville, Tenn.
C. DATE SIGNED: 6-19-59

20A. REGISTRATION DISTRICT NO.	20B. DATE RECEIVED BY LOCAL REGISTRAR	20C. REGISTRAR'S SIGNATURE
31901	6-19-59	Geo. Roberts

FOR MEDICAL AND HEALTH USE ONLY

15845013

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. Reproduction of this document is prohibited.

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

Edward H. Bishop III
Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Mar-20-2024

CERTIFICATION OF VITAL RECORD