

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

BIRTH NUMBER: 011-18 -1962

C H I L D	1. CHILD'S NAME (First, Middle, Last, Suffix) Conor Dale Barton		2. TIME OF BIRTH 1620 (24 hr)	3. SEX M	4. DATE OF BIRTH (Mo/Day/Yr) 01/11/2010
	5. FACILITY NAME (If not institution, give street and number) Forsyth Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Winston-Salem		7. COUNTY OF BIRTH Forsyth
M O T H E R	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Laura Anne Barton			8b. DATE OF BIRTH (Mo/Day/Yr) 10/21/1976	
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Laura Anne Hamann			8d. BIRTHPLACE (State, Territory, or Foreign Country) North Carolina	
	9a. RESIDENCE OF MOTHER-STATE North Carolina	9b. COUNTY Forsyth		9c. CITY, TOWN, OR LOCATION Kernersville	
	9d. STREET AND NUMBER 110 Riddle Circle		9e. APT. NO.	9f. ZIP CODE 27284	9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F A T H E R	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Clint Dennis Barton		10b. DATE OF BIRTH (Mo/Day/Yr) 01/11/1977		10c. BIRTHPLACE (State, Territory, or Foreign Country) Florida
CERTIFIER	11. CERTIFIER'S NAME: <u>John Phillips</u> TITLE: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		12. DATE CERTIFIED <u>01</u> / <u>11</u> / <u>2010</u> MM DD YYYY		13. DATE FILED BY REGISTRAR <u>01</u> / <u>11</u> / <u>2010</u> MM DD YYYY

INFORMATION FOR ADMINISTRATIVE USE

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

BIRTH NUMBER: 005-01-2012

C H I L D	1. CHILD'S NAME (First, Middle, Last, Suffix) Savannah Kathleen Barton		2. TIME OF BIRTH 2202 (24 hr)	3. SEX F	4. DATE OF BIRTH (Mo/Day/Yr) 05/01/2008
	5. FACILITY NAME (If not institution, give street and number) Forsyth Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Winston-Salem		7. COUNTY OF BIRTH Forsyth
M O T H E R	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Laura Anne Barton		8b. DATE OF BIRTH (Mo/Day/Yr) 10/21/1976		
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Laura Anne Hamann		8d. BIRTHPLACE (State, Territory, or Foreign Country) North Carolina		
	9a. RESIDENCE OF MOTHER-STATE North Carolina	9b. COUNTY Forsyth		9c. CITY, TOWN, OR LOCATION Kernersville	
	9d. STREET AND NUMBER 110 Riddle Circle		9e. APT. NO.	9f. ZIP CODE 27284	9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F A T H E R	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Clint Dennis Barton		10b. DATE OF BIRTH (Mo/Day/Yr) 01/11/1977		10c. BIRTHPLACE (State, Territory, or Foreign Country) Florida
CERTIFIER	11. CERTIFIER'S NAME: <u>John Phillips</u> TITLE: <input checked="" type="checkbox"/> M D <input type="checkbox"/> D O <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		12. DATE CERTIFIED <u>05</u> / <u>01</u> / <u>2008</u> MM DD YYYY		13. DATE FILED BY REGISTRAR <u>05</u> / <u>01</u> / 2008 MM DD YYYY

INFORMATION FOR ADMINISTRATIVE USE

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

BIRTH NUMBER: 005-11-2007

C H I L D	1. CHILD'S NAME (First, Middle, Last, Suffix) Ali Anne Barton		2. TIME OF BIRTH (24 hr) 0933	3. SEX F	4. DATE OF BIRTH (Mo/Day/Yr) 05/11/2000
	5. FACILITY NAME (If not institution, give street and number) Forsyth Medical Center		6. CITY, TOWN, OR LOCATION OF BIRTH Winston-Salem		7. COUNTY OF BIRTH Forsyth
M O T H E R	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Laura Anne Barton			8b. DATE OF BIRTH (Mo/Day/Yr) 10/21/1976	
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Laura Anne Hamann			8d. BIRTHPLACE (State, Territory, or Foreign Country) North Carolina	
	9a. RESIDENCE OF MOTHER-STATE North Carolina	9b. COUNTY Forsyth		9c. CITY, TOWN, OR LOCATION Kernersville	
	9d. STREET AND NUMBER 110 Riddle Circle		9e. APT. NO.	9f. ZIP CODE 27284	9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F A T H E R	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) Clint Dennis Barton		10b. DATE OF BIRTH (Mo/Day/Yr) 01/11/1977		10c. BIRTHPLACE (State, Territory, or Foreign Country) Florida
C E R T I F I E R	11. CERTIFIER'S NAME: <u>John Phillips</u> TITLE: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		12. DATE CERTIFIED <u>05 / 11 / 1998</u> MM DD YYYY		13. DATE FILED BY REGISTRAR <u>05 / 11 / 1998</u> MM DD YYYY

INFORMATION FOR ADMINISTRATIVE USE

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

2946468

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA
MARRIAGE REGISTER

06-013457

CIRCUIT COURT FOR THE CITY OR COUNTY OF HENRICO COUNTY		CLERK'S NUMBER 445	
1. FULL NAME: (FIRST, MIDDLE, LAST) OF GROOM Clint Dennis Barton		1A. SOCIAL SECURITY # 011-25-2006	
GROOM	2. AGE: 19 YEARS	3. DATE OF BIRTH (MONTH, DAY, YEAR) 01-11-1977	4. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) Florida
	5. RACE CAUCASIAN	6. NUMBER OF THIS MARRIAGE 1	7. MARITAL STATUS (IF PREVIOUSLY MARRIED) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
	8. EDUCATION (ELEMENTARY OR SECONDARY) (SPECIFY ONLY) HIGHEST GRADE COMPLETED (12)	9A. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER 2200 WILLOW OAK CIRCLE APT 308	
	9B. CITY OR TOWN OF RESIDENCE VIRGINIA BEACH	9C. COUNTY (IF NOT INDEPENDENT CITY) (4)	9D. STATE (OR FOREIGN COUNTRY) VIRGINIA
	10. NAME OF FATHER Chip John Barton	11. FULL MAIDEN NAME OF MOTHER Dore Kathleen Sullivan	
	12. FULL NAME: (FIRST, MIDDLE, LAST) OF BRIDE Laura Anne Barton		
BRIDE	13. AGE: 20 YEARS	14. DATE OF BIRTH (MONTH, DAY, YEAR) 10/21/1976	15. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) ILLINOIS
	16. RACE CAUCASIAN	17. NUMBER OF THIS MARRIAGE 1	18. MARITAL STATUS (IF PREVIOUSLY MARRIED) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
	19. EDUCATION (ELEMENTARY OR SECONDARY) (SPECIFY ONLY) HIGHEST GRADE COMPLETED (12)	20A. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER 2200 WILLOW OAK CIRCLE APT 308	
	20B. CITY OR TOWN OF RESIDENCE VIRGINIA BEACH	20C. COUNTY (IF NOT INDEPENDENT CITY) (4)	20D. STATE (OR FOREIGN COUNTRY) VIRGINIA
	21. NAME OF FATHER Ricky Dale Hamann	22. FULL MAIDEN NAME OF MOTHER Terri Darleen Hamann	
	12A. SOCIAL SECURITY # 010-21-1986		

MARRIAGE LICENSE

23. TO ANY PERSON LICENSED TO PERFORM MARRIAGES:
YOU ARE HEREBY AUTHORIZED TO JOIN THE ABOVE-NAMED PERSONS IN MARRIAGE
UNDER PROCEDURE OUTLINED IN THE STATUTES OF THE COMMONWEALTH OF VIRGINIA

DATE ISSUED: 05/28/1996
LICENSE EXPIRES SIXTY DAYS AFTER ABOVE DATE
DATE RECEIVED BY CLERK OF COURT FROM OFFICIANT 05/28/1996

SIGNATURE *Thomas M. Rainey*
(CLERK OF COURT OR DEPUTY)

MARRIAGE CERTIFICATE

24. DATE OF MARRIAGE (MONTH, DAY, YEAR) 5-28-1996	25. PLACE OF MARRIAGE (COUNTY OR INDEPENDENT CITY) Sheltonburg VIRGINIA	26. TYPE OF CEREMONY <input type="checkbox"/> CIVIL <input checked="" type="checkbox"/> RELIGIOUS
27. I CERTIFY THAT I JOINED THE ABOVE-NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED.		
SIGNATURE OF OFFICIANT > <i>J. David Turner</i>	TITLE OF OFFICIANT Pastor	
AUTHORIZED TO PERFORM MARRIAGES BY THE CIRCUIT COURT FOR Chesapeake , VIRGINIA, IN 1996 (CITY OR COUNTY) (YEAR OF AUTHORIZATION)		
NAME OF OFFICIANT (TYPE OR PRINT) J. David Turner		
ADDRESS OF OFFICIANT 1500 Courthouse Rd (STREET OR ROUTE NUMBER)	Richmond (CITY OR TOWN)	Va (STATE)

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED **May 28th 1996**

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner.
Section 32.1-272, Code of Virginia, as amended.

VS 15B



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED