

**VERIFICATION OF U.S. CITIZENSHIP (FROM BIRTH CERTIFICATE)**

NOTE: Certificates published by Hospitals are not valid Birth Certificates.

Full Name (exactly as listed on the certificate or document) -

DOE, JOHN HAROLD

DOB (YY/MM/DD) 89/12/15

State of Birth GA City of Birth LOGANVILLE

County of Birth \_\_\_\_\_ Certificate # 891158

Date Filed (YY/MM/DD) 89/12/28

Local File Number (if applicable) N/A

I have seen the original document, or a certified copy of the original document, upon which this verification of U.S. citizenship is made and from which the above information was taken.



(signature)

MIKE Mc LAUGHLIN, HRA

(printed name and title)

08/09/04

(date signed - YY/MM/DD)