

**CERTIFICATION OF VITAL RECORD**

**STATE OF MARYLAND**  
**Department of Health and Mental Hygiene**  
**Division of Vital Records**  
**CERTIFICATE OF LIVE BIRTH**

**1-REGISTRAR**

**State of Maryland**  
**CERTIFICATE OF LIVE BIRTH**

BIRTH  
 NUMBER 119-

92 21198

1. REGISTRAR'S NAME FIRST MIDDLE LAST Jessica Saudade Landing				2. DATE OF BIRTH (Month, Day Year) 4-29-92		3. TIME OF BIRTH 11:14 a m	
(1) <input type="checkbox"/> MALE (2) <input checked="" type="checkbox"/> FEMALE		5. PLACE OF BIRTH (1) <input type="checkbox"/> Hospital (2) <input checked="" type="checkbox"/> Freestanding Birthing Center (3) <input type="checkbox"/> Clinic/Doctor's Office (4) <input type="checkbox"/> Residence (5) <input type="checkbox"/> Born enroute to hospital (6) <input type="checkbox"/> Other (Specify) _____		6a. BALTIMORE CITY OR COUNTY OF BIRTH Montgomery MD.			
WGT (1) <input type="checkbox"/> Grams (2) <input type="checkbox"/> LBS. / OZ. 7lbs 1 1/4 ozs				6b. CITY OR TOWN OF BIRTH Bethesda			
7. QUALITY—Single, Twin, Triplet, etc. (Specify) Single		8b. IF NOT SINGLE BIRTH—Born First, Second, Third, etc. (Specify)		15. FACILITY NAME (If not institution, give street and number) The Maternity Center Assoc.			
8. FATHER'S FULL MAIDEN NAME FIRST MIDDLE LAST Mary Jeanne Saudade				16. ATTENDANT'S NAME, AND TITLE (If other than certifier) (Type/Print) Name _____			
9. USUAL RESIDENCE OF MOTHER (Number and Street) 808 Wood Poppy Court		10b. INSIDE CITY LIMITS YES <input type="checkbox"/> NO <input type="checkbox"/>		(1) <input type="checkbox"/> M.D. (2) <input type="checkbox"/> D.O. (3) <input type="checkbox"/> C.N.M. (4) <input type="checkbox"/> Other midwife (5) <input type="checkbox"/> Other Specify _____			
10a. CITY OR TOWN Burke	10c. COUNTY	10d. STATE VA	10e. ZIP CODE 22015	17. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6506 Bells Mill Road Bethesda MD 20817			
11a. DATE OF BIRTH (Day, Year) 4-27-56	11b. AGE (At time of this birth) 35 YEARS	12. BIRTHPLACE (State or Foreign Country) Wash. DC		18. CERTIFIER'S NAME AND TITLE (Type/Print) Name Jan Baden CNM (1) <input type="checkbox"/> M.D. (2) <input type="checkbox"/> D.O. (3) <input type="checkbox"/> Hospital Admin. (4) <input checked="" type="checkbox"/> C.N.M. (5) <input type="checkbox"/> Other midwife (6) Other Specify _____			
9. FATHER'S NAME FIRST MIDDLE LAST Donald Richard Landing				19a. I certify that this child was born alive at the place and time and on the date stated.			
13a. DATE OF BIRTH (Day, Year) 4-27-53	13b. AGE (At time of this birth) 39 YEARS	14. BIRTHPLACE (State or Foreign Country) Mississippi		19b. DATE SIGNED Mo. / Day / Yr. 4-29-92		Signature <i>Jan &amp; Baden CNM</i>	
10. RECTIONS OR AMENDMENTS				22. PARENT(S) REQUEST SOCIAL SECURITY NUMBER ISSUANCE FOR THIS CHILD: (1) <input checked="" type="checkbox"/> YES (2) <input type="checkbox"/> NO			
11. FATHER'S NAME AND ADDRESS FOR MAILING BIRTH CARD Mary Saudade 808 Wood Poppy Court Burke VA 22015 ZIP CODE _____				23. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or Other Informant) <i>Donald R. Landing</i>			
				24a. DATE REC'D BY REGISTRAR MAY 05 1992		24b. REGISTRAR'S SIGNATURE <i>Anna Davidson-Rodriguez</i>	

**DATE ISSUED**

**JAN 09 2014**

1335823

I HEREBY CERTIFY THAT THIS DOCUMENT IS A  
 TRUE COPY OF A RECORD ON FILE IN THE  
 DIVISION OF VITAL RECORDS.

*Geneva S. Sparks*  
 STATE REGISTRAR

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL  
 OF VITAL RECORDS CLEARLY EMBOSSED.



# CERTIFICATION OF VITAL RECORD

VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

## STATE OF MARYLAND

Department of Health and Mental Hygiene  
Division of Vital Records

### CERTIFICATE OF LIVE BIRTH

File No. 1992-15-21198

1. CHILD'S NAME (First, Middle, Last, Suffix) JESSICA SAUDADE LANDING		
2. TIME OF BIRTH (24 hr) 11:14 AM	3. SEX Female	4. BIRTHWEIGHT 7 lbs 2 oz
5. DATE OF BIRTH (Mo/Day/Yr) April 29, 1992		6. COUNTY OF BIRTH Montgomery
7a. MOTHER'S LEGAL NAME AT TIME OF CHILD'S BIRTH MARY JEANNE SAUDADE		
7b. MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARY JEANNE SAUDADE		
8. MOTHER'S AGE 35		9. BIRTHPLACE (State, Territory, or Foreign Country) District of Columbia
10a. FATHER'S CURRENT LEGAL NAME DONALD RICHARD LANDING		
10b. FATHER'S AGE 39		10c. BIRTHPLACE (State, Territory, or Foreign Country)
11. DATE FILED BY REGISTRAR May 5, 1992		

This is to certify that this is a true and correct abstract of the official record on file in the Maryland Division of Vital Records.

681070

Geneva G. Sparks  
State Registrar

10/15/2013

Date Issued

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE