

CITY OF DETROIT

CERTIFICATE OF LIVE BIRTH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

BIRTH No. 121--

Local File No. 9973

1. PLACE OF BIRTH a. COUNTY Wayne		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) b. STATE Michigan		c. COUNTY Wayne	
3. CITY (If mother reports death, write RURAL and give township or village) Detroit		4. TOWNSHIP, CITY OR VILLAGE (Name of) Detroit		5. Is residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
6. FULL NAME OF HOSPITAL OR INSTITUTION Detroit Memorial Hospit 1		7. HOME ADDRESS 1440 Harper		8. ZONE 2	
9. CHILD'S NAME (Last or First) RHONDA		10. (Middle) DELISSA		11. (Last) STAPLETON	
12. SEX Girl		13. DATE OF BIRTH (Month) April (Day) 10 (Year) 1964		14. FATHER OF CHILD	
15. FULL NAME (Last or First) Roderick		16. (Middle) Henry		17. (Last) Stapleton	
18. COLOR OR RACE Negro		19. AGE (At time of this birth) 22 YEARS		20. BIRTHPLACE (State or foreign country) Michigan	
21. USUAL OCCUPATION Unemployed		22. KIND OF BUSINESS OR INDUSTRY		23. MOTHER OF CHILD	
24. FULL MOTHER'S NAME (Last or First) Martha		25. (Middle) -		26. (Last) McClain	
27. COLOR OR RACE Negro		28. AGE (At time of this birth) 22 YEARS		29. BIRTHPLACE (State or foreign country) Arkansas	
30. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children were born living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 28 weeks pregnancy)? 0		31. MARRIAGE		32. MARRIAGE	
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THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH THE DETROIT DEPARTMENT OF HEALTH. DO NOT ACCEPT UNLESS PREPARED ON APPROVED SECURITY PAPER DISPLAYING THE OFFICIAL SEAL AND SIGNATURE OF THE ISSUING AGENCY. NOT VALID IF PHOTOCOPIED. LAMINATION MAY VOID CERTIFICATE.

1349028

SEP 29 2003

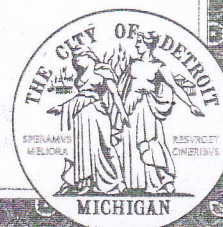
Dated.

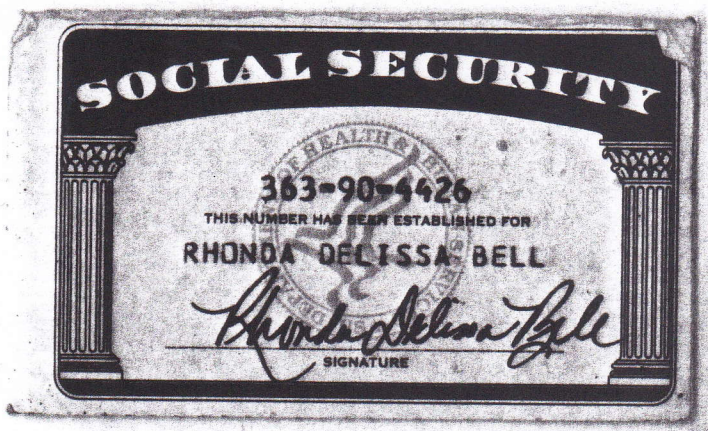
Mildred L. Johnson

Mildred L. Johnson, Registrar
City of Detroit Health Department



Department of Health
Birth Records





ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Unemployment Insurance Administration
PO BOX 29225
PHOENIX AZ 85038-9225

UB-100 (02/12)

(520) 791-2722 Appeal Telephone
(602) 257-7063 Appeal Fax

Local Office No. 830
Social Security No. 363-90-4426
Claimant RHONDA D BELL
Employer No. 5424451-000
Employer SPROUTS FARMERS MARKET

RHONDA D BELL
10575 W AMELIA AVE
AVONDALE AZ 85392-5620

Date 12/03/2014
Deputy No. 591

**DETERMINATION OF DEPUTY
NOTICE TO CLAIMANT**

You are disqualified from 08/31/2014 until you are reemployed and earn \$1200, five times your weekly benefit amount. Important - see reverse.

Discharged from Employment, A.R.S. 23-775.2, Tardiness, A.A.C. R6-3-51435.B.

You were discharged for repeated tardiness. You were warned. You have not shown that your tardiness was beyond your control. Your actions were a disregard of your employer's interests.

NOTICE TO EMPLOYER

Your experience rating account will not be charged.

NOTICE TO ALL INTERESTED PARTIES - APPEAL RIGHTS

This determination becomes final unless a written appeal is filed by telephone, by mail, by fax or in person within 15 calendar days after the mailing date shown at the top of this determination. If the last day of the appeal period falls on a Saturday, Sunday, or holiday, the appeal period will be extended to the next working day. Please see reverse for further information.

LF 1994-94

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

39

121 -

STATE FILE NUMBER

CERTIFICATE OF
LIVE BIRTH

7566371

CF

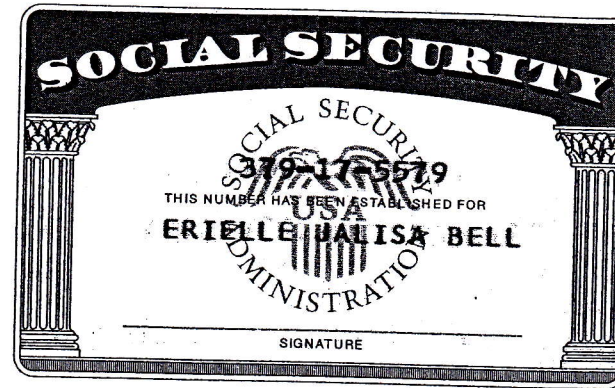
1. CHILD - NAME (FIRST) Erielle		(MIDDLE) Jalisa		(LAST) Bell	
2. SEX Female	3a. PLURALITY - SINGLE, TWIN, TRIPLET, ETC (SPECIFY) Single	3b. IF NOT SINGLE - BORN 1ST, 2ND, 3RD, ETC (SPECIFY)	4a. DATE OF BIRTH (Month, Day, Year) June 21, 1994	4b. TIME OF BIRTH 8:01 P M	
5a. HOSPITAL NAME - (IF NOT HOSPITAL GIVE STREET AND NUMBER) Providence Hospital		5b. CITY, VILLAGE, OR TOWNSHIP OF BIRTH Southfield		5c. COUNTY OF BIRTH Oakland	
6a. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE SIGNATURE: <i>Jann A. Clay</i> DATE: Jun 23, 94			6b. CERTIFIER'S NAME & TITLE (print or type) Jann A. Clay, Birth Reg.		
6c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER Mushtak A. Abbou, M.D.		6d. MAILING ADDRESS OF ATTENDANT (STREET NO., CITY OR VILLAGE, STATE, ZIP) 23800 Orchard Lake Farmington Hills, MI 48336			
7a. REGISTRAR'S SIGNATURE <i>Camille L. Lecky</i>		7b. DATE RECEIVED BY LOCAL REGISTRAR - (Month, Day, Year) JUN 28 1994			
8a. MOTHER'S NAME (FIRST, MIDDLE, LAST) Rhonda Delissa Bell		8b. SOCIAL SECURITY NUMBER 363-90-4426	8c. STATE OF BIRTH - NAME COUNTRY IF NOT USA Michigan	8d. DATE OF BIRTH (Month, Day, Year) Apr 10, 1964	
8e. MOTHER SURNAME BEFORE FIRST MARRIAGE Stapleton		8f. RESIDENCE (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF Detroit <input type="checkbox"/> TWP. OF		8g. COUNTY Wayne	
8h. STATE Michigan					
9a. FATHER'S NAME (FIRST, MIDDLE, LAST) Eric Bell		9b. SOCIAL SECURITY NUMBER 363-78-8888	9c. STATE OF BIRTH - NAME COUNTRY IF NOT USA Michigan	9d. DATE OF BIRTH (Month, Day, Year) Jan 05, 1967	
10a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF SIGNATURE: <i>Rhonda S Bell</i> (PARENT OR OTHER INFORMANT)			10b. THE PARENT(S) REQUEST THAT INFORMATION ON THIS BIRTH BE RELEASED TO THE SOCIAL SECURITY ADMIN FOR ISSUANCE OF A SOCIAL SECURITY NUMBER AND CARD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

I, Nancy L. M. Banks, the duly elected and qualified City Clerk for the City of Southfield, County of Oakland, State of Michigan, do hereby certify that the foregoing is a true and correct copy of the original document on file in the City Clerk's Office in the City of Southfield, Michigan.

Nancy L. M. Banks
Nancy L. M. Banks, City Clerk

Keep your card in a safe place to prevent loss or theft
DO NOT CARRY IT WITH YOU.
Do not laminate your card.

ERIELLE JALISA BELL
20461 TRACEY ST
DETROIT MI 48235-1572



YOUR SOCIAL SECURITY CARD

The Social Security number shown on your card is yours alone. Do not allow others to use your number as their own. Record your number in a safe place in case your card is lost or stolen. Protect both your card and your number to prevent their misuse.

You should contact us to update your Social Security number records if your name, your U.S. citizenship status, or your status as an alien in the U.S. changes. You will need to file an application for a new Social Security card and provide proof of your identity, and we may request certain other evidence supporting the change.

Show your card to your employer when you start a new job. Make sure your employer uses the name and number exactly as it is shown on your Social Security card so we can record your earnings correctly.

Some private organizations use Social Security numbers for record keeping purposes. Such use is not required nor prohibited by Federal law. The use of your Social Security number by such an organization for its own records is a private matter between you and the organization. Private organizations cannot obtain information from your Social Security record just because they know your number.

Any government agency that asks for your number must tell you: whether giving it is mandatory or voluntary, its authority for requesting the number, and how the number will be used.

If you are an alien without permission to work in the U.S., your Social Security card will be marked "NOT VALID FOR EMPLOYMENT". We will notify U.S. immigration officials if you use the number to work.

If you are an alien legally in the U.S. with temporary permission to work, your Social Security card will be marked "VALID FOR WORK ONLY WITH DHS AUTHORIZATION". If you show this card to your employer as evidence of employment eligibility, you will also have to show your U.S. immigration document authorizing employment.

You should contact Social Security right away to apply for benefits if you become disabled, reach retirement age or are about to attain age 65.

You can reach us at 1-800-772-1213 or through our website at www.socialsecurity.gov.

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration

P.O. Box 33008, Baltimore, MD 21290-3008

Improper use of this card or number by anyone is punishable by fine, imprisonment or both.

Protect Your Number and Card to Prevent Their Misuse

- Sign your card right away and keep it in a safe place.
- DO NOT carry it with you.

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card, it will take longer for us to answer your letter.

Social Security Administration
Form SSA-3000 (3-2004)

E 83948526

December 24, 2014

9945 W McDowell Rd #112

Avondale, AZ 85323

623.907.9499

JHarmon@Empire.edu

To Whom It May Concern:

I am pleased to recommend Erielle Bell for your scholarship opportunity. I certify that Erielle is enrolled as a first-time student of our cosmetology program. She is a bright star in her class who is always eager to learn and brings a positive attitude to everyone around her.

Everyone at Empire Beauty School in Avondale is very excited about the scholarship and would like to extend our thanks for your generous offering. We look forward to hearing from you!

Sincerely,



Jennifer Harmon

Executive Director