

Recording # AZ11-2021-AH956-Q634T

Witness Testimony Affirming American State Political Status and Identity

This Witness Testimony verifies the identity of the man/woman shown in this photograph to establish their political status as an American State National or American State Citizen, depending on their choice.



Name of person appearing in this photo: _____

Irene Boone Hall

Physical address of person appearing in this photo:

2865 N. Laurel Ave. Tucson Arizona

Witness: I, Joel Ackley (printed name), know the person shown in the photo above by the name shown, and I know of their family and history, sufficient to know that they were born at the time and place shown on the face of the referenced Birth Certificate or shown on the accompanying United States Naturalization paperwork.

My relationship to the Declarant is:

Friend

This testimony is true, complete, and correct to the best of my knowledge and I make it under Penalty of Perjury under the Public Law of The United States of America:

So affirmed this 9th day of August in the year of 2021.

by: [Signature]

I may be contacted at: (phone) 520-235-6607,

(email) jaesuek@protonmail.com, or at this mailing address:

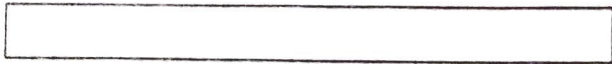
Witness Verification by Public Notary or State Recording Secretary:

Pima County

Arizona State

Today, I was visited by the Witness whose signature appears above, and they were properly identified to me and they did sign this record in my presence for the purposes described above, in witness whereof I affix my signature and seal this 9th day of August in the year of 2021.

[Signature]
All rights reserved without prejudice



CERTIFICATE OF LIVE BIRTH
COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

BIRTH NO.

145 51 069285

5512

Registration District No. _____ Registered No. _____

1. PLACE OF BIRTH a. COUNTY NORFOLK		Magisterial District WASHINGTON		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Virginia		b. COUNTY Princess Anne	
b. CITY OR TOWN NORFOLK		<input checked="" type="checkbox"/> Inside } Corporate <input type="checkbox"/> Outside } Limits		c. CITY OR TOWN Virginia Beach		<input checked="" type="checkbox"/> Inside } Corporate <input type="checkbox"/> Outside } Limits	
3. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DE PAUL HOSPITAL				d. STREET (If rural, give mailing address) ADDRESS 209 82nd. Street 0761			
4. CHILD'S NAME (If child is not yet named, leave blank.)		a. (First) Irene		b. (Middle) Boone		c. (Last) Thom	
5. SEX Girl 2		5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. DATE OF BIRTH (Month) (Day) (Year) November 11 1951	

FATHER OF CHILD

7. FULL NAME			8. COLOR OR RACE	
a. (First) Philip	b. (Middle) Howard	c. (Last) Thom Jr.	White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Arkansas	11a. USUAL OCCUPATION Lt. JG	11b. KIND OF BUSINESS OR INDUSTRY U. S. Navy	

MOTHER OF CHILD

12. FULL MAIDEN NAME			13. COLOR OR RACE	
a. (First) Emma	b. (Middle) Warren	c. (Last) Thurber	White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Washington, D. C.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
17. INFORMANT Emma Thom - Mother		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
18a. SIGNATURE OF ATTENDANT <i>[Signature]</i>		18b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify) 1		
18c. ADDRESS Norfolk, Virginia		18d. DATE SIGNED November 13, 1951		

19. DATE RECEIVED BY LOCAL REGISTRAR 12/6/51	20. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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21. SUPPLEMENTAL INFORMATION:

This is to certify that this is a true and correct reproduction of the original record filed with the Bureau of Vital Statistics, Virginia Department of Health, Richmond, Virginia

MAY 12, 1970
[Signature]

Date Issued DEANE HUXTABLE, State Registrar