



CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Loribeth Stevens***

of

***Valley Baptist Medical Center - Brownsville***

has completed training on  
Acknowledgement of Paternity

on this day,

August 20, 2025.

  
Ruth Ann Thornton  
Director of Child Support Division



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The  
**Paternity Opportunity Program**

hereby certifies that

***Loribeth Stevens***

of

***Valley Baptist Medical Center - Harlingen***

has completed training on  
Acknowledgement of Paternity

on this day,

August 20, 2025.

  
Ruth Ann Thornton  
Director of Child Support Division