



This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

DEAN C. LOGAN  
Registrar-Recorder/County Clerk

*Dean C. Logan*

\*019233973\*



This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

APR 13 2009

|                                                        |  |                                                         |  |                                        |  |                                                              |  |                                   |  |
|--------------------------------------------------------|--|---------------------------------------------------------|--|----------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------|--|
| 15A DATE OF DEATH MM/DD/CCYY                           |  | 15B STATE FILE NO. STATE USE ONLY                       |  | 16 LOCAL REGISTRAR SIGNATURE           |  | 17 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY                 |  | LOCAL REGISTRAR                   |  |
| 13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT |  | 13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE |  | 13C LICENSE NUMBER                     |  | 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT |  | INFORMANT AND BIRTH CERTIFICATION |  |
| 12A PARENT OR OTHER INFORMANT - SIGNATURE              |  | 12B RELATIONSHIP TO CHILD                               |  | 12C DATE SIGNED MM/DD/CCYY             |  | 12E RELATIONSHIP TO CHILD                                    |  | MOTHER/PARENT                     |  |
| 9A NAME OF MOTHER/PARENT FIRST                         |  | 9B MIDDLE                                               |  | 9C LAST - BIRTH NAME                   |  | 10 BIRTHPLACE STATE/COUNTRY                                  |  | MOTHER/PARENT                     |  |
| 6A NAME OF FATHER/PARENT FIRST                         |  | 6B MIDDLE                                               |  | 6C LAST                                |  | 7 BIRTHPLACE STATE/COUNTRY                                   |  | FATHER/PARENT                     |  |
| 5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY       |  | 5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION      |  | 5C CITY                                |  | 5D COUNTY                                                    |  | PLACE OF BIRTH                    |  |
| 2 SEX                                                  |  | 3A THIS BIRTH SINGLE TWIN, ETC                          |  | 3B IF MULTIPLE, THIS CHILD 1ST 2ND ETC |  | 4A DATE OF BIRTH - MM/DD/CCYY                                |  | THIS CHILD                        |  |
| 1A NAME OF CHILD - FIRST                               |  | 1B MIDDLE                                               |  | 1C LAST                                |  | 4B HOUR - 24 HOUR CLOCK TIME                                 |  |                                   |  |

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY  
1200819045478  
LOCAL REGISTRATION NUMBER

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD