## **COUNTY OF ORANGE**

**HEALTH CARE AGENCY** 

1200 N. MAIN STREET, SUITE 100-A SANTA ANA, CALIFORNIA 92701

## CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER					TE OF CALIFORNIA SE BLACK INK ONLY	LOCAL REGISTRATION NUMBER		
THIS CHILD	1A, NAME OF CHILD - FIRST MAYA			1B. MIDDLE JIYOU		BOOTHE		
	2. SEX 3A. THIS BIRTH, SINGLE, TWIN, ETC. FEMALE SINGLE		The state of the s	38, IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.				48. HOUR - 24 HOUR CLOCK TIME 0804
PLACE OF BIRTH	5A PLACE OF BIRTH-NAME OF HOSPITAL OR FACILITY SADDLEBACK MEMORIAL MED CTR				58, STREET ADDRESS - STREET AND NUMBER, OR LOCATION 24451 HEALTH CENTER DRIVE 50, COUNTY			
	SC.CITY  LAGUNA HILLS				ORANGE			
NAME OF PARENT	BRIAN 66. MIDDLE JOSEP		JOSEPH	1	6C. LAST - BIRTH NAME BOOTHE	6D. ☐ MOTHER  FATHER ☐ PARENT	IL	10/19/1970
NAME OF PARENT	9A. NAME OF PARENT - F	IRST	9B. MIDDLE		9C. LAST - BIRTH NAME XIA	FATHER PARENT	CHINA	07/21/1982
INFORMANT AND BIRTH CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		12A. PARENT OR OTH	HER INFORMANT - SIGNATURE		12B. RELATION SHIP TO CHILD MOTHER		12C. DATE SIGNED 10/20/2016
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		TIFIER - SIGNATURE AND DEGREE OR TITLE  Youngand, C.		13B, LICENSE NUMBER C52576		13C, DATE SIGNED 10/20/2016	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT KENNETH JAMES, MD, 31852 COAST HWY, LAGUNA BEACH				GUNA BEACH	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT JENNIFER DRAGAN, BIRTH CLRK		
LOCAL REGISTRAR	15A DATE OF DEATH-MIMDDICCYY 15B. STATE FILE NO STATE USE ONLY 16, LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MI							D FOR REGISTRATION - MM/DD/CCYY

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

November 7, 2016

A Hardle H.O.

