

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201419101728

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME	
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION	
PLACE OF BIRTH	5C. CITY	5D. COUNTY	
	6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST
FATHER/PARENT	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH - MM/DD/CCYY	
	9A. NAME OF MOTHER/PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME
MOTHER/PARENT	10. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH - MM/DD/CCYY	
	12A. PARENT OR OTHER INFORMANT - SIGNATURE	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED - MM/DD/CCYY
INFORMANT AND BIRTH CERTIFICATION	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED - MM/DD/CCYY
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
LOCAL REGISTRAR	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

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

*Dean C. Logan*  
**DEAN C. LOGAN**  
 Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

AUG 16 2016



1000001149536



CALOSANG02