

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

1201519071446

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	
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION			
	5C CITY		5D COUNTY			
	6A NAME OF FATHER/PARENT - FIRST		6B MIDDLE	6C LAST	7 BIRTHPLACE - STATE/COUNTRY	
MOTHER/PARENT	8A NAME OF MOTHER/PARENT - FIRST	8B MIDDLE	8C LAST	9 BIRTHPLACE - STATE/COUNTRY	10 DATE OF BIRTH - MM/DD/CCYY	
	9A NAME OF MOTHER/PARENT - FIRST		9B MIDDLE	9C LAST - BIRTH NAME	10 BIRTHPLACE - STATE/COUNTRY	11 DATE OF BIRTH - MM/DD/CCYY
INFORMANT AND BIRTH CERTIFICATION	12A PARENT OR OTHER INFORMANT - SIGNATURE		12B RELATIONSHIP TO CHILD	12C DATE SIGNED - MM/DD/CCYY		
	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			
	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

NOV 12 2015



* 1000000688837 *

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

PBNC0 (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

