

CITY OF BERKELEY
 DEPARTMENT OF HEALTH, HOUSING & COMMUNITY SERVICES

CERTIFICATE OF LIVE BIRTH
 STATE OF CALIFORNIA
 USE BLACK INK ONLY

1201661001718
 LOCAL REGISTRATION NUMBER

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.
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION	
	9C. CITY	5D. COUNTY	
NAME OF PARENT	6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME
	9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME
INFORMANT AND BIRTH CERTIFICATION	1. 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 OTHER INFORMANT - SIGNATURE	12B. RELATIONSHIP TO CHILD
	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE	12C. DATE SIGNED
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		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 City of Berkeley.
 Janet M. Berreman, MD, MPH, Local Registrar and Health Officer

by: *Janet M. Berreman*
 LOCAL REGISTRAR AND HEALTH OFFICER



DATE ISSUED **JUN 15 2016**

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
 PBKGO (Rev.) 10/13

