

**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**

1200919048292

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	
	5C CITY	5D COUNTY	
	6A NAME OF FATHER PARENT FIRST	6B MIDDLE	6C LAST
MOTHER PARENT	9A NAME OF MOTHER PARENT FIRST	9B MIDDLE	9C LAST - BIRTH NAME
	12A PARENT OR OTHER INFORMANT SIGNATURE		12B RELATIONSHIP TO CHILD
INFORMANT AND BIRTH CERTIFICATION	13A ATTENDANT/CERTIFIER SIGNATURE AND DEGREE OR TITLE		13B LICENSE NUMBER
	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

AUG 20 2009



This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.  
PBCO (REV) 06/08

