

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

1201619063608
 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	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 PARENT - FIRST		6B MIDDLE	6C LAST - BIRTH NAME		6D <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7 BIRTHPLACE - STATE/COUNTRY	8 DATE OF BIRTH
NAME OF PARENT	9A NAME OF PARENT - FIRST		9B MIDDLE	9C LAST - BIRTH NAME		9D <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10 BIRTHPLACE - STATE/COUNTRY	11 DATE OF BIRTH
	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		12C DATE SIGNED	
INFORMANT AND BIRTH CERTIFICATION	1 I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		13B LICENSE NUMBER		13C DATE SIGNED	
	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

OCT 03 2016



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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