## **COUNTY OF LOS ANGELES**

REGISTRAR-RECORDER/COUNTY CLERK

|                   | STATE F   | ILE NUMBER | 1 - 1 - 1                         | ≥ U                                      | SE BLACK INK ONLY                                     | 1   | LOCAL REG  | ISTRATION NU | MBER |
|-------------------|---|------------|-----------------------------------|--|---|---|--|--------------|------|
| THIS              | 1A NAME OF CHILD • FIRST REN  |            |                                   | IB MIDDLE IC LAST MORI LY                |   | 110.1                                     |  |              |      |
|                   |   |            |                                   |  |   | W1750 Free - 100                          | FOFBIRTH MIMODICCYY 48 HOUR 24 HOUR CLOCK TIME   |              |      |
|                   | 2 SEX 3A THIS BIRTH, SINGLE, TWIN, ETC  MALE SINGLE   |            |                                   | SE W MEETINGE, IT HE COME TO I, ET IS ET |   | The second second                         | en autoreurregg - (2007) 12.   |              | 531  |
| PLACE OF<br>BIRTH | SA PLACE OF BIRTH-NAME OF HOSPITAL OR FACILITY  KAISER HOSPITAL: BALDWIN PARK   |            |                                   | 87                                       | 58 STREET ADDRESS - STREET AND NUM<br>1011 BALDWIN PA |   | in it  |              |      |
|                   | SC CITY BALDWIN PARK  |            |                                   |  | SD COUNTY LOS ANGELES                                 | 1 8                                       |  |              |      |
|                   | 6A NAME OF PARENT - FIRST   68 MIDDLE   SYLVESTER   KIM   |            | <b>a</b>                          | 6C LAST - BIRTH NAME LY                  |   | BO MOTHER 7 BIRTHPLACE S FATHER PARENT CA |  | 02/20/198    |      |
| N Co              | 9A NAME OF PARENT - FIRST 9B MIDDLE   |            |                                   | 9C LAST - BIRTH NAME MORT                |   | PARENT                                    | I ARAB   | 12/04/198    |      |
| BETH CERTFICATION | I CERTIFY THAT I HAVE REVIEWED THE STATED MIFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE           |            | NFORMANT - SIGNATURE              |  | SERVING N   | 128 RELATIONSHIP TO CHILD MOTHER          |  | 04/02/201    |      |
|                   | I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED   |            | IEB SIGNATURE AND DEGREE OR TITLE |  | 138 LICENSE NUMBER NMW9 9 8                           |   | 04/02/201  |              |      |
|                   | 13D TYPED NAME, TITLE AND MAN, IN A BLOW IN PARK BLVD, BALDWIN PARK DIANE ROBERT, CNM, 1011 BALDWIN PARK BLVD, BALDWIN PARK |            |                                   |  |   | N   | 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDAY  JANET GARCIA, BIRTH CLERK |              |      |

CERTIFICATE OF LIVE BIRTH

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** Registrar-Recorder/County Clerk

JAN 0 5 2017



