

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF ORANGE

### HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CALIFORNIA 92701

### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201730030845

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
<b>THIS CHILD</b>	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
<b>PLACE OF BIRTH</b>	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
<b>NAME OF PARENT</b>	8. DATE OF BIRTH				
	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
<b>INFORMANT AND BIRTH CERTIFICATION</b>	11. DATE OF BIRTH				
	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
	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
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		13B. LICENSE NUMBER		13C. DATE SIGNED
<b>LOCAL REGISTRAR</b>	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

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED

OCT 23 2017



004035697

*Eric G. Handler, M.D.*  
ERIC G. HANDLER, MD  
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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