

CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LONG BEACH, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1-2005-62 007761
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

| | | | | | |
|-------------------------|---|--------------------------------------|--|---|------------------------------------|
| STATE FILE NUMBER | | USE BLACK INK ONLY | | | |
| THIS CHILD | 1A. NAME OF CHILD -- FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | | |
| | KYLIE MELIA | ROXANNA | ROSS | | |
| PLACE OF BIRTH | 2. SEX | 3A. THIS BIRTH, SINGLE, TWIN, ETC. | 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. | 4A. DATE OF BIRTH -- MM/DD/YYYY | 4B. HOUR -- (24 HOUR CLOCK TIME) |
| | FEMALE | SINGLE | | 10/19/2005 | 2034 |
| FATHER OF CHILD | 5A. PLACE OF BIRTH -- NAME OF HOSPITAL OR FACILITY | | 5B. STREET ADDRESS -- STREET, NUMBER OR LOCATION | | |
| | LONG BEACH MEMORIAL MED CTR | | 2801 ATLANTIC AVE | | |
| MOTHER OF CHILD | 5C. CITY | | 5D. COUNTY | 5E. PLANNED PLACE OF BIRTH | |
| | LONG BEACH | | LOS ANGELES | HOSPITAL | |
| INFORMANT CERTIFICATION | 6A. NAME OF FATHER -- FIRST (GIVEN) | 6B. MIDDLE | 6C. LAST (FAMILY) | 7. STATE OF BIRTH | 8. DATE OF BIRTH |
| | MARK | THOMAS | ROSS | CA | 05/12/1968 |
| CERTIFICATION OF BIRTH | 9A. NAME OF MOTHER -- FIRST (GIVEN) | 9B. MIDDLE | 9C. LAST (MAIDEN) | 10. STATE OF BIRTH | 11. DATE OF BIRTH |
| | KRISTINE | MARY | NOGAWA | CA | 04/26/1974 |
| LOCAL REGISTRAR | 12A. PARENT OR OTHER INFORMANT -- SIGNATURE | | 12B. RELATIONSHIP TO CHILD | 12C. DATE SIGNED | |
| | <i>Kristine Mary Nogawa</i> | | mother | 10/20/2005 | |
| LOCAL REGISTRAR | 13A. ATTENDANT OR CERTIFIER -- SIGNATURE -- DEGREE OR TITLE | | 13B. LICENSE NUMBER | 13C. DATE SIGNED | |
| | <i>Cynthia Thomas, Med. Legal</i> | | G55588 | 10/20/2005 | |
| LOCAL REGISTRAR | 13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT | | | 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT | |
| | TAMEROU ASRAT, MD, 2801 ATLANTIC AVE, LONG BEACH | | | CYNTHIA THOMAS, MED. LEGAL | |
| LOCAL REGISTRAR | 15A. DATE OF DEATH | 15B. STATE FILE NO. (STATE USE ONLY) | 16. LOCAL REGISTRAR -- SIGNATURE | | 17. DATE ACCEPTED FOR REGISTRATION |
| | | | <i>Daryl M. Sexton, M.D.</i> | | 10/26/2005 |

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA
CITY OF LONG BEACH

} SS DATE ISSUED NOV 21 2005

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Daryl M. Sexton, M.D.
DARBYL M. SEXTON, M.D.
CITY HEALTH OFFICER
REGISTRAR OF VITAL RECORDS

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

