

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE 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. YEAR	4B. HOUR (24 HOUR CLOCK TIME)
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL		5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION)		
	5C. CITY OR TOWN		5D. COUNTY		
FATHER OF CHILD	6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH	8. AGE OF FATHER
MOTHER OF CHILD	9A. BIRTH NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST	10. STATE OF BIRTH	11. AGE OF MOTHER
PARENT'S CERTIFICATION	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
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED.		13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE		13B. LICENSE NUMBER
					13C. DATE SIGNED
LOCAL REGISTRAR	14.		13D. TYPED NAME AND ADDRESS Los		
	15. DEATH—ENTER DATE OF DEATH		16. LOCAL REGISTRAR—SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION

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



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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