

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

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

1201119076660

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.
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER OR LOCATION	
	5C. CITY	5D. COUNTY	
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST
	7. BIRTHPLACE - STATE/COUNTRY		8. DATE OF BIRTH - MM/DD/CCYY
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME
	10. BIRTHPLACE - STATE/COUNTRY		11. DATE OF BIRTH - MM/DD/CCYY
INFORMANT AND BIRTH CERTIFICATION	12A. FATHER OR OTHER INFORMANT SIGNATURE		12B. RELATIONSHIP TO CHILD
	12C. DATE SIGNED - MM/DD/CCYY		13. LICENSE NUMBER
	13A. ATTENDANT/CERTIFIER SIGNATURE AND DEGREE OR TITLE		13C. DATE SIGNED - MM/DD/CCYY
	13B. 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

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E Fielding mo
VB

Director of Public Health and Registrar

DATE ISSUED **SEP 16 2011**



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

