

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201419041899

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST ALIJAH		1B. MIDDLE MARY	1C. LAST BASKETT	
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY CEDARS SINAI MEDICAL CENTER			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 8700 BEVERLY BLVD	
	5C. CITY LOS ANGELES			5D. COUNTY LOS ANGELES	
	6A. NAME OF FATHER/PARENT - FIRST HENRY		6B. MIDDLE RANDALL	6C. LAST BASKETT III	
MOTHER/PARENT	7A. NAME OF MOTHER/PARENT - FIRST KENDRA		7B. MIDDLE LEIGH	7C. LAST - BIRTH NAME WILKINSON	
	7D. BIRTHPLACE - STATE/COUNTRY CA		7E. DATE OF BIRTH - MM/DD/CCYY 09/04/1982		7F. DATE OF BIRTH - MM/DD/CCYY 06/12/1985
INFORMANT AND BIRTH CERTIFICATION	1. 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 <i>[Redacted]</i>		12B. RELATIONSHIP TO CHILD Mother
	2. I CERTIFY THAT THE CHILD HAS BEEN ALIVE AT THE DATE, HOUR, AND PLACE STATED		12C. DATE SIGNED - MM/DD/CCYY 05/18/2014		12D. DATE SIGNED - MM/DD/CCYY 05/18/2014
	13A. ATTENDANT SIGNATURE AND ADDRESS OR TITLE <i>[Redacted]</i>		13B. LICENSE NUMBER A83202		13C. DATE SIGNED - MM/DD/CCYY 05/18/2014
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <i>[Redacted]</i>		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <i>[Redacted]</i>		
LOCAL REGISTRAR	15A. DATE OF BIRTH - MM/DD/CCYY 05/18/2014		15B. STATE FILE NO. (ITALIC) (LOCAL)		16. LOCAL REGISTRAR - SIGNATURE <i>[Redacted]</i>
					17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 05/19/2014

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.

Jonah Marie Fielding mo
VA DATE ISSUED

Director of Public Health and Registrar



100003797

MAY 21 2014



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE