

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

1052021073357

1202119016377

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
THIS CHILD	1A. NAME OF CHILD - FIRST LOUISE	1B. MIDDLE JEAN	1C. LAST McCARY		
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	4A. DATE OF BIRTH - MM/DD/YYYY 03/13/2021	4B. HOUR - 24 HOUR CLOCK TIME 0251
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		
NAME OF PARENT	6A. NAME OF PARENT - FIRST DAVID	6B. MIDDLE LAWRENCE	6C. LAST - BIRTH NAME McCARY		6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7. BIRTHPLACE - STATE/COUNTRY CA		8. DATE OF BIRTH 07/02/1985		
NAME OF PARENT	9A. NAME OF PARENT - FIRST EMILY	9B. MIDDLE JEAN	9C. LAST - BIRTH NAME STONE		9D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	10. BIRTHPLACE - STATE/COUNTRY AZ		11. DATE OF BIRTH 11/06/1988		
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 [REDACTED]		12B. RELATIONSHIP TO CHILD SUPERVISOR
	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		12A. ATTENDANT/REGISTRAR - SIGNATURE AND DEGREE OR TITLE [REDACTED]		12C. DATE SIGNED 03/17/2021
LOCAL REGISTRATION	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT JASON ANDREW ROTHBART, MD [REDACTED]		13B. LICENSE NUMBER A83202		13C. DATE SIGNED 03/17/2021
	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT PERCIVAL GARCIA, H.I.T.		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 03/17/2021		
15A. DATE OF DEATH - MM/DD/YYYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE [REDACTED]			

INFORMATIONAL DOCUMENT
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.

Jason Rothbart, MD
VF
DATE ISSUED

Health Officer and Registrar



100015204

MAY 14 2021

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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