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

STATE FILE NUMBER

1201419035883
LOCAL REGISTRATION NUMBER

THIS CHILD

14. NAME OF CHILD - FIRST: ISABELLE
16. MIDDLE: AMARACHI
1C. LAST: ASOMUGHA
2. SEX: FEMALE
3A. THIS BIRTH, SINGLE, TWIN, ETC.: SINGLE
3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: -
4A. DATE OF BIRTH - MM/DD/CCYY: 04/21/2014
4B. HOUR - 24 HOUR CLOCK TIME: 1702

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

FATHER/PARENT

6A. NAME OF FATHER/PARENT - FIRST: NNAMDI
6B. MIDDLE: ONYEKACHI
6C. LAST: ASOMUGHA
7. BIRTHPLACE - STATE/COUNTRY: LA
8A. DATE OF BIRTH - MM/DD/CCYY: 07/06/1981

MOTHER/PARENT

9A. NAME OF MOTHER/PARENT - FIRST: KERRY
9B. MIDDLE: MARISA
9C. LAST - BIRTH NAME: WASHINGTON
10. BIRTHPLACE - STATE/COUNTRY: NY
11. DATE OF BIRTH - MM/DD/CCYY: 01/31/1977

INFORMANT AND BIRTH 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: [redacted]
12B. RELATIONSHIP TO CHILD: FATHER
12C. DATE SIGNED - MM/DD/CCYY: 04/29/2014

I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.
13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE: [redacted]
13B. LICENSE NUMBER: [redacted]
13C. DATE SIGNED - MM/DD/CCYY: 04/24/2014

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: MICHELE HARAKHA, MD [redacted]
14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT: -

LOCAL REGISTRAR

19A. DATE OF DEATH - MM/DD/CCYY:
19B. STATE FILE NO. - STATE USE ONLY:
LOCAL REGISTRAR - SIGNATURE: [redacted]
17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY: 04/30/2014

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.

100003793

Jonathan E Fielding MD MPH
Director of Public Health and Registrar

DATE ISSUED MAY -2 2014

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE