STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

[redacted]

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

[redacted]

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

1A. NAME OF CHILD — FIRST (GIVEN): [redacted]

1B. MIDDLE: [redacted]

1C. LAST (FAMILY): BAENA

2. SEX: MALE

3A. THIS BIRTH, SINGLE, TWIN, ETC.: SINGLE

3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: -

4A. DATE OF BIRTH — MM/DD/CCYY: 10/02/1997

4B. HOUR — (24 HOUR CLOCK TIME): [redacted]

PLACE OF BIRTH

5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: PROVIDENCE ST JOSEPH MED CTR

5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION: [redacted]

5C. CITY: BURBANK

5D. COUNTY: LOS ANGELES

5E. PLANNED PLACE OF BIRTH: HOSPITAL

FATHER OF CHILD

6A. NAME OF FATHER — FIRST (GIVEN): ROGELIO

6B. MIDDLE: D.J.

6C. LAST (FAMILY): BAENA

7. STATE OF BIRTH: COLOMBIA

8. DATE OF BIRTH: 09/03/1949

MOTHER OF CHILD

9A. NAME OF MOTHER — FIRST (GIVEN): MILDRED

9B. MIDDLE: PATRICIA

9C. LAST (MAIDEN): PENA

10. STATE OF BIRTH: GUATEMALA

11. DATE OF BIRTH: 03/16/1961

INFORMANT 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: MED REC CLERK

12C. DATE SIGNED: 10/07/1997

CERTIFICATION OF BIRTH

I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.

13A. ATTENDANT OR CERTIFIER — SIGNATURE, DEGREE OR TITLE: [redacted]

13B. LICENSE NUMBER: [redacted]

13C. DATE SIGNED: 11/05/1997

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: [redacted]

14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT

LOCAL REGISTRAR

15A. DATE OF DEATH:

15B. STATE FILE NO. (STATE USE ONLY):

16. LOCAL REGISTRAR — SIGNATURE: [redacted]

17. DATE ACCEPTED FOR REGISTRATION: 12/04/1997

INFORMATIONAL, 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 MD
VB

DATE ISSUED MAY 18 2011

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Director of Public Health and Registrar

This copy not valid unless prepared on security paper bearing the seal of the State of California.