

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		1201619108193		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST LILY		1B. MIDDLE ROSE MARY	1C. LAST EDELMAN	
	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 11/30/2016	4B. HOUR - 24 HOUR CLOCK TIME 1311
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY CEDARS SINAI MEDICAL CENTER		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION [REDACTED]		
	5C. CITY LOS ANGELES		5D. COUNTY LOS ANGELES		
NAME OF PARENT	6A. NAME OF PARENT - FIRST -		6B. MIDDLE -		6C. LAST - BIRTH NAME LOS ANGELES
	9A. NAME OF PARENT - FIRST ELA		9B. MIDDLE -		9C. LAST - BIRTH NAME GANIBEGOVIC
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]		10. <input type="checkbox"/> MOTHER, <input type="checkbox"/> FATHER, <input type="checkbox"/> PARENT, <input type="checkbox"/> OTHER 7. BIRTHPLACE - STATE/COUNTRY BOSNIA
	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE [REDACTED]		11. DATE OF BIRTH 10/16/1989
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT [REDACTED]		13B. LICENSE NUMBER A91538		12B. RELATIONSHIP TO CHILD Mother
			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT LORENA BEJAR, SUPVR.		12C. DATE SIGNED 12/01/2016
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE [REDACTED]
					17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 12/09/2016

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.



[Signature]
Director of Public Health and Registrar



ISSUED
DEC 12 2016



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE