

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

1201519109896

STATE FILE NUMBER			LOCAL REGISTRATION NUMBER		
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST		
	SAINT	-	WEST		
PLACE OF BIRTH	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
	MALE	SINGLE	-	12/05/2015	0613
FATHER/PARENT	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION		
	CEDARS SINAI MEDICAL CENTER		[REDACTED]		
MOTHER/PARENT	5C. CITY	5D. COUNTY			
	LOS ANGELES	LOS ANGELES			
INFORMANT AND BIRTH CERTIFICATION	6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST	7. BIRTH PLACE - STATE/COUNTRY	8. DATE OF BIRTH - MM/DD/CCYY
	KANYE	OMARI	WEST	GA	06/08/1977
LOCAL REGISTRAR	9A. NAME OF MOTHER/PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	10. BIRTH PLACE - STATE/COUNTRY	11. DATE OF BIRTH - MM/DD/CCYY
	KIMBERLY	NOEL	KARDASHIAN	CA	10/21/1980
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	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED - MM/DD/CCYY
			[REDACTED]	PARENTS	12/07/2015
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DIRTY TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED - MM/DD/CCYY
			[REDACTED]	C32748	12/07/2015
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
	PAUL CRANE, MD, [REDACTED]				
15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
			[REDACTED]		12/11/2015

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.

Paul Crane, MD
VF
Director of Public Health and Registrar



100009441

DATE ISSUED
DEC 14 2015



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE