

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

1201619062217
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER				LOCAL REGISTRATION NUMBER	
THIS CHILD	1A NAME OF CHILD - FIRST HENDRIX	1B MIDDLE ESTELLE SHEBA	1C LAST BROWN		
	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 07/21/2016	4B HOUR - 24 HOUR CLOCK TIME 1054
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 ROBERT	6B MIDDLE BARISFORD	6C LAST - BIRTH NAME BROWN	8D <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT BIRTH-PLACE STATE COUNTRY CA	8 DATE OF BIRTH 02/05/1969
NAME OF PARENT	9A NAME OF PARENT - FIRST ALICIA	9B MIDDLE CHRISTINE	9C LAST - BIRTH NAME ETHEREDGE	9D <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT BIRTH-PLACE STATE COUNTRY NY	11 DATE OF BIRTH 12/21/1973
INFORMANT AND BIRTH CERTIFICATION	12A PARENT OR OTHER INFORMANT - SIGNATURE 		12B RELATIONSHIP TO CHILD BIRTH CLERK		12C DATE SIGNED 07/27/2016
	13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE 		13B LICENSE NUMBER A050863		13C DATE SIGNED 07/27/2016
	13D TYPED NAME/TITLE AND MAILING ADDRESS OF ATTENDANT OLEG BESS, MD, 5901 W. OLYMPIC BL #503, LOS ANGELES		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT LORENA BEJAR, SUPVR.		
LOCAL REGISTRAR	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 07/28/2016

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]
VF
DATE ISSUED
Director of Public Health and Registrar



* I 00010198 *

JUL 29 2016



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE