

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CALIFORNIA 92701

NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA

1201630038610

STATE FILE NUMBER

USE BLACK INK ONLY

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST BIANKA	1B. MIDDLE BELLA	1C. LAST BRYANT
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
PLACE OF BIRTH	3A. PLACE OF BIRTH, NAME OF HOSPITAL OR FACILITY HOAG MEMORIAL HOSPITAL		3B. STREET ADDRESS, STREET AND NUMBER, OR LOCATION ONE HOAG DRIVE
	5A. CITY NEWPORT BEACH		5B. COUNTY ORANGE
	4. DATE OF BIRTH - MM/DD/CCYY 12/05/2016		
4B. HOUR - 24 HOUR CLOCK TIME 1609			
NAME OF PARENT	6A. NAME OF PARENT - FIRST KOBE	6B. MIDDLE BEAN	6C. LAST - BIRTH NAME BRYANT
	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		
7. BIRTHPLACE - STATE/ COUNTRY PA		8. DATE OF BIRTH 08/23/1978	
NAME OF PARENT	8A. NAME OF PARENT - FIRST VANESSA	8B. MIDDLE -	8C. LAST - BIRTH NAME CORNEJO
	8D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT		
9. BIRTHPLACE - STATE/ COUNTRY CA		10. DATE OF BIRTH 05/05/1982	
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.		12B. RELATIONSHIP TO CHILD Parents
	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		12C. DATE SIGNED 12/07/2016
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT L KARAMARDIAN, MD, 500 SUPERIOR AVE #310, NEWPORT BEACH		13B. LICENSE NUMBER G-78507
			13C. DATE SIGNED 12/07/2016
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 12/12/2016

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED December 13, 2016



003876372

Eric G. Handler H.O.
ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER



This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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