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

LOCAL REGISTRATION NUMBER 1201419088461

THIS CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
WYATT	ISABELLE	KUTCHER

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
FEMALE	SINGLE	-	10/01/2014	0123

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION
CEDARS SINAI MEDICAL CENTER	[redacted]
5C. CITY	**5D. COUNTY**
LOS ANGELES	LOS ANGELES

FATHER/PARENT

6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH - MM/DD/CCYY
CHRISTOPHER	ASHTON	KUTCHER	IA	02/07/1978

MOTHER/PARENT

9A. NAME OF MOTHER/PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	10. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH - MM/DD/CCYY
MILENA	-	KUNIS	UKRAINE	08/14/1983

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 [redacted]	12B. RELATIONSHIP TO CHILD: MOTHER	12C. DATE SIGNED - MM/DD/CCYY: 10/02/2014
I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE [redacted]	13B. LICENSE NUMBER [redacted]	13C. DATE SIGNED - MM/DD/CCYY: 10/03/2014
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 - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE [redacted]	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
			10/06/2014

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.

OCT 09 2014
DATE ISSUED

Director of Public Health and Registrar

1000003804

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE