



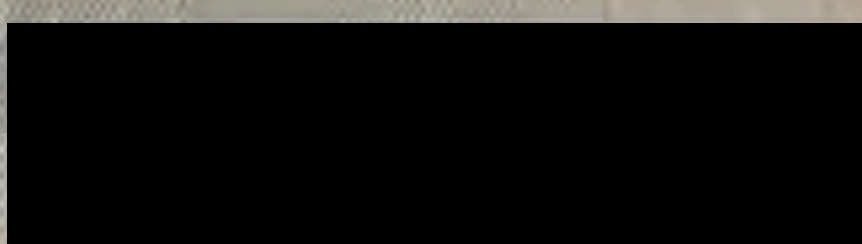
VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

STATE OF OHIO OFFICE OF VITAL STATISTICS

CERTIFICATION OF BIRTH

STATE FILE NUMBER



DATE RECORD FILED

04/19/2018

NAME

TRUE THOMPSON

DATE OF BIRTH

04/12/2018

SEX

FEMALE

BIRTHPLACE

OHIO

MOTHER'S NAME

KHLOE' ALEXANDRA KARDASHIAN

FATHER'S NAME

TRISTAN TREVOR JAMES THOMPSON

LAST NAME PRIOR TO FIRST MARRIAGE

KARDASHIAN

MOTHER'S BIRTHPLACE

CALIFORNIA

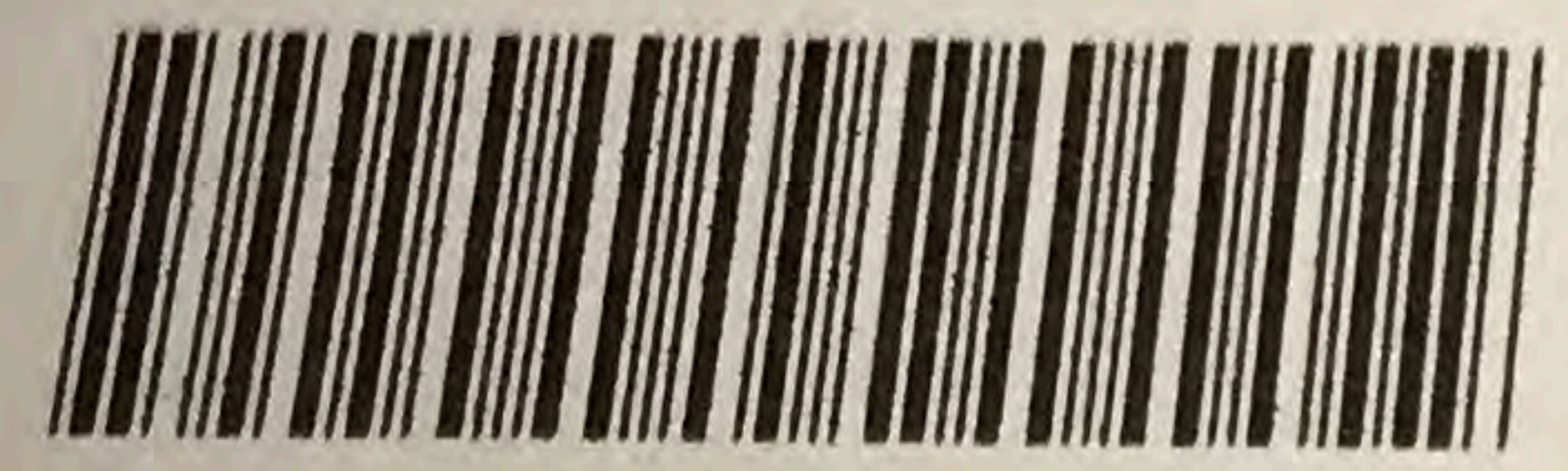
FATHER'S BIRTHPLACE CANADA

Note:

This is a true certification of the name and birth facts as recorded in the Office of Vital Statistics, Columbus, Ohio. Witness my signature and seal of the Department of Health this 19 day of April, 2018

State Registrar of Vital Statistics

H6635629



CLEVELAND CITY HEALTH DIST

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

Reg. Dist. No. 18

Primary Reg. Dist. No. 1819

**Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH**



Certificate No. [REDACTED]

| | | | |
|----------------------------------|---|-------------------------|--|
| CHILD | 1. CHILD'S NAME (First, Middle, Last, Suffix) TRUE THOMPSON | | |
| | 2. TIME OF BIRTH (24hr) 0400 | 3. SEX FEMALE | 4. DATE OF BIRTH (Mo/Day/Yr) 4/12/2018 |
| | 5a. FACILITY NAME (if not institution, give street and number) HILLCREST HOSPITAL | | |
| | 5b. CITY, TOWN OR LOCATION OF BIRTH MAYFIELD HEIGHTS | | 5c. COUNTY OF BIRTH CUYAHOGA |
| | 6a. ATTENDANT'S NAME ALIABADI, THAIS | | |
| ATTENDANT | 6b. ATTENDANT'S TITLE M.D. | | |
| MOTHER | 7a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) KHLOE' ALEXANDRA KARDASHIAN | | 7b. DATE OF BIRTH (Mo/Day/Yr) 06/27/1984 |
| | 7c. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE KARDASHIAN | | 7d. BIRTHPLACE (State, Territory, or Foreign Country) CALIFORNIA |
| | 8a. STREET AND NUMBER OF MOTHER'S RESIDENCE [REDACTED] | | 8b. APT. NO. [REDACTED] |
| | 8d. STATE, TERRITORY, OR FOREIGN COUNTRY CALIFORNIA | | 8c. CITY, TOWN OR LOCATION WOODLAND HILLS |
| | 8e. ZIP CODE [REDACTED] | | 8f. COUNTY LOS ANGELES |
| FATHER | 9a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) TRISTAN TREVOR JAMES THOMPSON | | 9b. DATE OF BIRTH (Mo/Day/Yr) 03/13/1991 |
| | 9c. FATHER'S LAST NAME PRIOR TO FIRST MARRIAGE | | 9d. BIRTHPLACE (State, Territory, or Foreign Country) CANADA |
| ACKNOWLEDGEMENT OF FILING | 10a. REGISTRAR'S SIGNATURE ANDREA KACINARI | | 10b. DATE FILED BY REGISTRAR (Mo/Day/Yr) 04/19/2018 |



Rev4

Andrea Kacinari, Registrar

APR 20 2018

Andrea Kacinari