

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

1201619099159

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A NAME OF CHILD - FIRST RUFUS	1B MIDDLE EMMANUEL	1C LAST LUNDBERG
	2 SEX MALE	3A THIS BIRTH, SINGLE, TWIN, ETC SINGLE	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC -
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
	6A NAME OF PARENT - FIRST ZACHARY	6B MIDDLE KNIGHT	6C LAST - BIRTH NAME GALIFIANAKIS
NAME OF PARENT	9A NAME OF PARENT - FIRST MARY	9B MIDDLE QUINN	9C LAST - BIRTH NAME LUNDBERG
	12A PARENT OR OTHER INFORMANT - SIGNATURE <i>[Redacted]</i>		12B RELATIONSHIP TO CHILD Father
INFORMANT AND BIRTH CERTIFICATION	12C DATE SIGNED 11/11/2016		13B LICENSE NUMBER [Redacted]
	13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>[Redacted]</i>		13C DATE SIGNED 11/11/2016
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT PAUL CRANE, MD, [Redacted]		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 <i>[Redacted]</i>
			17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 11/14/2016

NOT FOR ESTABLISHING CALIFORNIA RESIDENCY

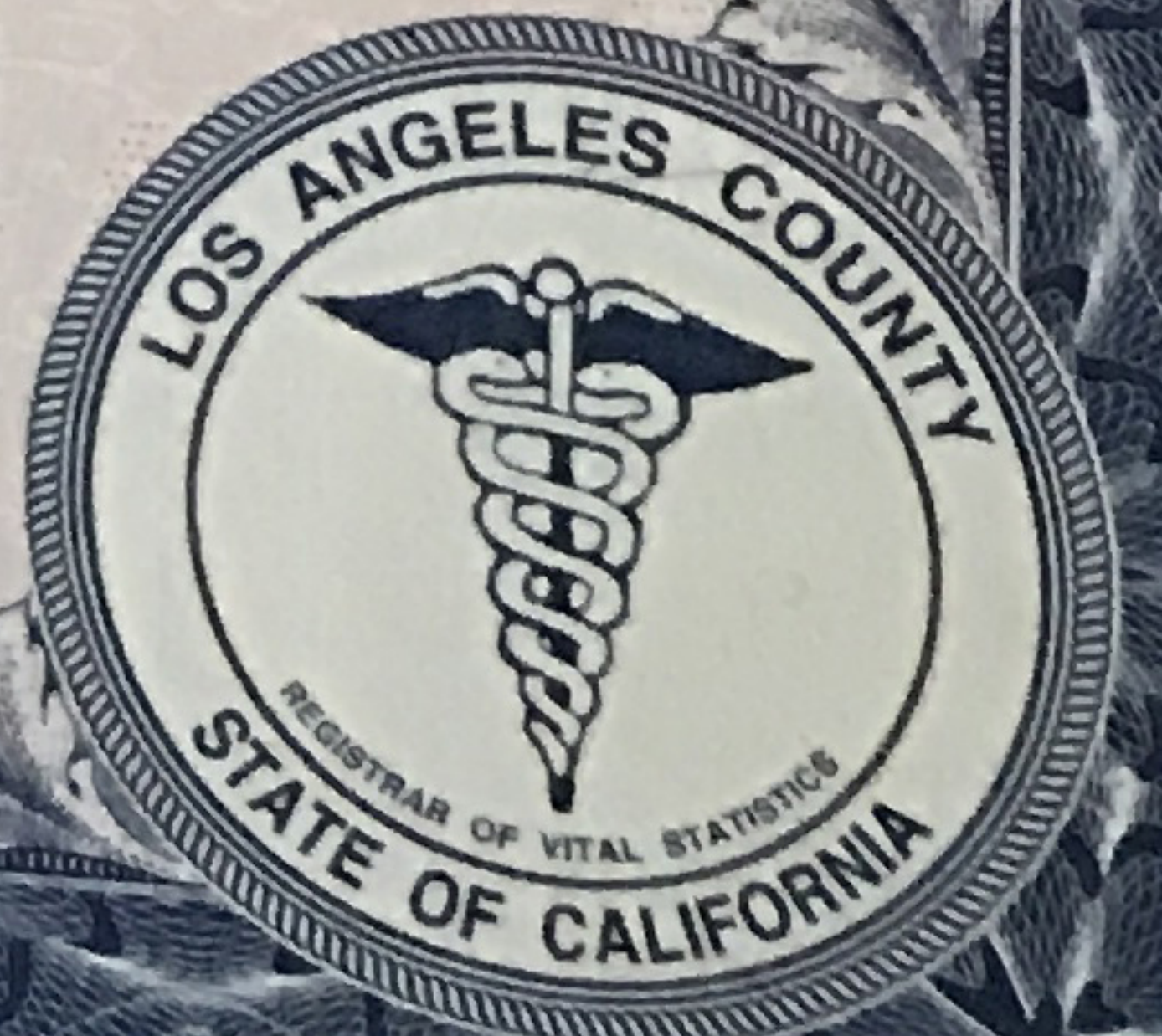
This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

[Signature] DATE ISSUED
Director of Public Health and Registrar

DEC 29 2016



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PBNC0 (REV) 10/12