STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

1052019682464

1201919529398

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
BRUCE	JULIAN KNIGHT	GRANOFSKY

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
MALE	SINGLE	-	07/29/2019	1447

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

NAME OF PARENT

6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME	6D.	7. BIRTHPLACE - STATE/ COUNTRY	8. DATE OF BIRTH
ADAM	-	GRANOFSKY	☐ MOTHER ☒ FATHER ☐ PARENT	MA	02/15/1979

NAME OF PARENT

9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D.	10. BIRTHPLACE - STATE/ COUNTRY	11. DATE OF BIRTH
KRYSTEN	ALYCE	RITTER	☒ MOTHER ☐ FATHER ☐ PARENT	PA	12/16/1981

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: FATHER / MOTHER	12C. DATE SIGNED: 07/30/2019 / 07/30/2019
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: C32748	13C. DATE SIGNED: 07/30/2019
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: PAUL HAROLD CRANE, MD [redacted]		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT: ALICIA STRATTON, BIRTH CLERK	

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
		[redacted]	07/31/2019

INFORMATIONAL, NOT A VALID DOCUMENT WITH WHICH TO ESTABLISH IDENTITY

CALOSANG04

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.

I00013305

[signature], MD
VR
Health Officer and Registrar

DATE ISSUED AUG - 7 2019

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