STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

1052025273585 — STATE FILE NUMBER

1202519057192 — LOCAL REGISTRATION NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

THIS CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
ROCKI	IRISH	MAYERS

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		09/13/2025	0038

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. ☐ MOTHER ☒ FATHER ☐ PARENT	7. BIRTHPLACE - STATE/ COUNTRY	8. DATE OF BIRTH
RAKIM	ATHELASTON	MAYERS	FATHER	NY	10/03/1988

NAME OF PARENT

9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D. ☒ MOTHER ☐ FATHER ☐ PARENT	10. BIRTHPLACE - STATE/ COUNTRY	11. DATE OF BIRTH
ROBYN	RIHANNA	FENTY	MOTHER	BARBADOS	02/20/1988

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	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
	[redacted]	MOTHER FATHER	09/16/2025 09/16/2025
I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED
	[redacted]	[redacted]	09/18/2025
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
[redacted]		C MORALES FONSECA, B.C.	

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]	09/18/2025

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.

I00019932

Health Officer and Registrar, MD — DATE ISSUED SEP 25 2025

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE