

# 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

1201619114418  
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		USE BLACK INK ONLY		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST <b>JAMESON</b>		1B. MIDDLE <b>MOON</b>		1C. LAST <b>HART</b>
	2. SEX <b>MALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. <b>-</b>	4A. DATE OF BIRTH - MM/DD/CCYY <b>12/26/2016</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>1518</b>
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>CEDARS SINAI MEDICAL CENTER</b>		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>8700 BEVERLY BLVD.</b>		
	5C. CITY <b>LOS ANGELES</b>		5D. COUNTY <b>LOS ANGELES</b>		
NAME OF PARENT	6A. NAME OF PARENT - FIRST <b>CAREY</b>		6B. MIDDLE <b>JASON</b>	6C. LAST - BIRTH NAME <b>HART</b>	
	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		7. BIRTHPLACE - STATE/COUNTRY <b>CA</b>		8. DATE OF BIRTH <b>07/17/1975</b>
NAME OF PARENT	9A. NAME OF PARENT - FIRST <b>ALECIA</b>		9B. MIDDLE <b>BETH</b>	9C. LAST - BIRTH NAME <b>MOORE</b>	
	9D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		10. BIRTHPLACE - STATE/COUNTRY <b>PA</b>		11. DATE OF BIRTH <b>09/08/1979</b>
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 <b>MOTHER</b>
	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 <b>C32748</b>
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>PAUL CRANE, MD,</b> 		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>CHARLENE SANCHEZ, SUPVR.</b>		
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY		16. STATE FILE NO. - STATE USE ONLY		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>12/29/2016</b>
			18. LOCAL REGISTRAR - SIGNATURE 		

NOT TO ESTABLISH PARENTALITY

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.

Director of Public Health and Registrar



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DEC 29 2016



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

PBNC0 (REV) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

