

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

1052017414542

1201740002224

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
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
	4A. DATE OF BIRTH - MM/DD/YYYY	4B. HOUR - 24 HOUR CLOCK TIME	
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION
	5C. CITY	5D. COUNTY	
NAME OF PARENT	6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME
	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH	
NAME OF PARENT	9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME
	10. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH	
INFORMANT AND BIRTH CERTIFICATION	12A. PARENT OR OTHER INFORMANT - SIGNATURE		12B. RELATIONSHIP TO CHILD
	12C. DATE SIGNED		13. LICENSE NUMBER
	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		13C. DATE SIGNED
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/YYYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE
			17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

James Greene

JAMES GREENE MD MS
STATE REGISTRAR OF VITAL RECORDS

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the State Registrar.

CACDPH--01

JUN 28 2021

Dana E. Moore

DANA E. MOORE, MPH, CPH
STATE REGISTRAR OF VITAL RECORDS



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE