

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF CALIFORNIA**  
**DEPARTMENT OF PUBLIC HEALTH**

1 05 2001 228353  
STATE FILE NUMBER

**CERTIFICATE OF LIVE BIRTH**  
**STATE OF CALIFORNIA**  
**USE BLACK INK ONLY**

1 2001 39 004268  
LOCAL REGISTRATION NUMBER

<b>THIS CHILD</b>	1A. NAME OF CHILD - FIRST <b>Robert</b>		1B. MIDDLE <b>Earl</b>	1C. LAST <b>Thomas, Jr.</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>06/09/2001</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>0915</b>
<b>PLACE OF BIRTH</b>	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>San Joaquin General Hospital</b>		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>500 West Hospital Road</b>		
	5C. CITY <b>French Camp</b>		5D. COUNTY <b>San Joaquin</b>		
<b>FATHER PARENT</b>	6A. NAME OF FATHER/PARENT - FIRST <b>---</b>	6B. MIDDLE <b>---</b>	6C. LAST <b>---</b>	7. BIRTHPLACE - STATE/COUNTRY <b>---</b>	8. DATE OF BIRTH - MM/DD/CCYY <b>---</b>
<b>MOTHER PARENT</b>	9A. NAME OF MOTHER/PARENT - FIRST <b>Pamela</b>	9B. MIDDLE <b>Michele</b>	9C. LAST - BIRTH NAME <b>Banks</b>	10. BIRTHPLACE - STATE/COUNTRY <b>CA</b>	11. DATE OF BIRTH - MM/DD/CCYY <b>02/18/1967</b>
<b>INFORMANT AND BIRTH CERTIFICATION</b>	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 <b>Pamela Hargrove</b>		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 <b>Rolando Atienza, MD</b>		12C. DATE SIGNED - MM/DD/CCYY <b>06/10/2001</b>
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>French Camp, CA</b>		13B. LICENSE NUMBER <b>Intern</b>		13C. DATE SIGNED - MM/DD/CCYY <b>07/02/2001</b>
<b>LOCAL REGISTRAR</b>	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <b>Karen Furst, MD, MPH</b>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>07/05/2001</b>

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.  
 MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records  
 by:

*Linette T Scott*  
**09 FEB 17 AM 11:02**  
 LINETTE T SCOTT, MD, MPH, DEPUTY DIRECTOR  
 HEALTH INFORMATION AND STRATEGIC PLANNING DIVISION  
 This copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director.  
 (Rev) 11/08

