

July 7, 1988

I, Falefitu Lauifi Siva, affirm that the attached birth certificate for my son, Raymond Lauifi Brown, is certified to be true.

Falefitu Lauifi Siva
FALEFITU LAUIFI SIVA

STATE OF CALIFORNIA

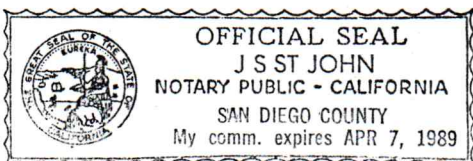
COUNTY OF SAN DIEGO

On this 7th day of July, 1988, before me, the undersigned, a Notary Public in and for said State, personally appeared Falefitu Lauifi Siva, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed it.

Subscribed and sworn (or affirmed) to before me this 7th day of July, 1988.

Witness my hand and official seal.

J. S. St. John
Notary Public in and for said State



AMERICAN SAMOA

7411109
CERTIFICATE NUMBER

CHILD - NAME: First Middle Last			DATE OF BIRTH	HOUR
1. RAYMOND LAUIFI BROWN			2. NOV. 24, 1974	3. 10:03A M
Sex	THIS BIRTH - Single <input checked="" type="checkbox"/> Twin _____ Triplet _____ Other (Specify _____)		IF NOT SINGLE BIRTH - BORN 1st _____ 2nd _____, 3rd _____, Other _____	
CHILD 4. MALE	5.	6.		
PLACE OF BIRTH: Dispensary _____ Home _____ Hospital <u>LBJ</u> Hosp. (Enroute) _____		HOSP. NUMBER	BIRTH WEIGHT	
7.		8. 04-65-40	9. 8 lbs. 2 oz.	
VILLAGE	COUNTY	MATAI NAME		
10. FAGA'ALU	11. MAOPUASI	12. LAUIFI		

MOTHER - First Middle Last			AGE (At time of this birth)	RACE
Maiden Name:				
13. FALEFITU LAUIFI			14. 20	15. POLYNESIAN
NUMBER OF PREGNANCIES INCLUDING THIS ONE <u>1</u>				
Children now living	Children born alive - Now dead	Children born dead - (fetal death at any age after conception)		
16. 1	17. 0	18. 0		
COUNTRY OF BIRTH	NATIONALITY	VILLAGE OF PERMANENT RESIDENCE		
19. AMERICAN SAMOA	20. U.S. NATIONAL	21. TAPUTIMU, AM. SAMOA		

FATHER - NAME: First MIDDLE LAST			AGE (At time of this birth)
22. DONALD RAYMOND BROWN			23. 20
Race	COUNTRY OF BIRTH	OCCUPATION	
24. CAUCASIAN	25. SEATTLE, U.S.A.	26. SERVICEMAN	
NATIONALITY	VILLAGE OF PERMANENT RESIDENCE		
27. U.S. CITIZEN	28. TAPUTIMU, AM. SAMOA		

SIGNATURE OF INFORMANT: <u>/s/ FALEFITU L. BROWN</u>	RELATION TO CHILD MOTHER
I certify that the above named child was born alive at the place and time and on the date stated above.	
DATE CERTIFIED: <u>11/24/74</u>	SIGNATURE: <u>PAUL E. GODINET, M.O.</u>
CERTIFIED TO BE TRUE COPY OF	
<u>Leo M. Martis</u>	SIGNATURE: <u>James P. Turner, M.D.</u>
REGISTRAR OF VITAL STATISTICS	for <u>LEO M. MARTIS, M.D.</u>
GOVERNMENT OF AMERICAN SAMOA.	Director of Medical Services
REGISTRAR: SIGNATURE	Office of Vital Statistics
	DATE RECEIVED BY REGISTRAR <u>12/31/74</u>

FILED