

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

104 - CERTIFICATE OF LIVE BIRTH 18719099140
STATE OF CALIFORNIA

STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
THIS CHILD	1A. NAME OF CHILD—FIRST JOHN		1B. MIDDLE WESLEY		1C. LAST EATMAN, III
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR AUGUST 06, 1987	4B. HOUR—(24 HOUR CLOCK TIME) 1659
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY KAISER FOUNDATION HOSPITAL			5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION) 6041 CADILLAC AVENUE	
	5C. CITY OR TOWN WEST LOS ANGELES			5D. COUNTY LOS ANGELES	
FATHER OF CHILD	6A. NAME OF FATHER—FIRST JOHN	6B. MIDDLE WESLEY	6C. LAST EATMAN, II	7. STATE OF BIRTH AL	8. AGE OF FATHER 26
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST TERRI	9B. MIDDLE CHERIE	9C. LAST (BIRTH NAME) HALL	10. STATE OF BIRTH CA	11. AGE OF MOTHER 22
PARENT'S CERTIFICATION	12A. PARENT OR OTHER INFORMANT—SIGNATURE <i>[Signature]</i>		12B. RELATIONSHIP TO CHILD MOTHER	12C. DATE SIGNED 08/10/87	
ATTENDANT'S CERTIFICATION	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE <i>[Signature]</i>		13B. LICENSE NUMBER G 634232	13C. DATE SIGNED 9-9-87	
	14. REQUEST OMISSION FROM SOLICITATION LIST*		13D. TYPED NAME AND ADDRESS E.HERSH, M.D., 6041 CADILLAC AV. LA CA 90034		
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH			16. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>	17. DATE ACCEPTED FOR REGISTRATION OCT 23 1987

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack
CONNIE B. McCORMACK
 Registrar-Recorder/County Clerk

APR 20 2005



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This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

