

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

**COUNTY OF LOS ANGELES**  
**REGISTRAR-RECORDER/COUNTY CLERK**

**CERTIFICATE OF LIVE BIRTH**

7097-110630

	STATE BIRTH CERTIFICATE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1a. NAME OF CHILD—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME			
	2. SEX	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET?	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH, DAY, YEAR	4b. HOUR	
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL		5b. STREET ADDRESS (STREET, AND NUMBER, OR LOCATION)		5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
	5d. CITY OR TOWN		5e. COUNTY			
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME	6b. MIDDLE NAME	6c. LAST NAME (MAIDEN S'PRNAME)		7. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) YEARS	9. COLOR OR RACE OF MOTHER		10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS, OR LOCATION)	10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
	10c. RESIDENCE OF MOTHER—CITY OR TOWN		10d. RESIDENCE OF MOTHER—COUNTY		10e. RESIDENCE OF MOTHER—STATE	
	11a. NAME OF FATHER—FIRST NAME		11b. MIDDLE NAME	11c. LAST NAME		12. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
FATHER OF CHILD	13. AGE OF FATHER (AT TIME OF THIS BIRTH) YEARS		14. COLOR OR RACE OF FATHER		15a. KIND OF INDUSTRY OR BUSINESS	
					15b. WIG SHOP	
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY)		16b. DATE REVIEWED AND SIGNED BY INFORMANT	
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		17a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH): SIGNATURE—DEGREE OR TITLE		17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT	
			17c. ADDRESS		17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER	
LOCAL REGISTRAR	18.		19. LOCAL REGISTRAR—SIGNATURE		20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	

James S. Allison,  
Registrar-Recorder

Filed 2-25-72

FILED

CALOSANG02

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

*Dean C. Logan*  
 DEAN C. LOGAN  
 Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

JUL 07 2017



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