

COUNTY OF ORANGE
CLERK-RECORDER

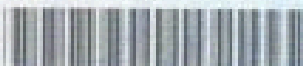
104-76-181423

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA-DEPARTMENT OF HEALTH

3000 13175

THIS CHILD	1. NAME OF CHILD—FIRST NAME Alex		1a. MIDDLE NAME Rodionich		1c. LAST NAME Kulikov	
	2. SEX Male	3. 1st BIRTH SINGLE YEAR OR MARITAL Single	3a. 1st BIRTH OR MARRIAGE YEAR (CALIF. BIRTH OR DEATH YEAR) ---		4. DATE OF BIRTH—MONTH DAY YEAR July 22, 1976	4a. HOUR 6:16p.
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL Hoag Memorial Hospital-Presbyterian		5b. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 301 Newport Boulevard		5c. ZIP CODE (CITY CORPORATIONS COUNTS TOWNSHIP FEE OR NO.) yes	
	5d. CITY OR TOWN Newport Beach		5e. COUNTY Orange			
MOTHER OF CHILD	6a. MARRIAGE NAME OF MOTHER—FIRST NAME Lucille		6b. MIDDLE NAME Marie		6c. LAST NAME (MARRIAGE NAME) Nagaroff	
	6d. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California		7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California		8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California	
	9. MARITAL STATUS 33	10. SOCIAL SECURITY NUMBER [REDACTED]	11. ETHNIC OR RACE OF MOTHER Caucasian		12. RESIDENCE OF MOTHER—CITY OR TOWN 2977 North Eldon	
	13. RESIDENCE OF MOTHER—CITY OR TOWN Costa Mesa		14. RESIDENCE OF MOTHER—COUNTY Orange		15. RESIDENCE OF MOTHER—STATE California	
FATHER OF CHILD	16. MARRIAGE NAME OF FATHER—FIRST NAME Roy		16b. MIDDLE NAME Alex		16c. LAST NAME Kulikov	
	17. MARITAL STATUS 46	18. SOCIAL SECURITY NUMBER [REDACTED]	19. ETHNIC OR RACE OF FATHER Caucasian		20. PRESENT OR LAST OCCUPATION Builder	
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. PARSONS OR OTHER INFORMATION, SIGNATURE OF OTHER THAN FATHER, MOTHER <i>Spalla Marie Kulikov</i>		16b. DATE REVIEWED AND SIGNED BY INFORMANT 7-24-76	
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.		17. NAME OF ATTENDANT WHO ATTENDED BIRTH (SIGNATURE)—DEGREE OR TITLE <i>Muriel F. Ames, M.D.</i>		17a. CITY WHERE BIRTH OCCURRED (CITY OR TOWN) 8/4/76	
LOCAL REGISTRAR	18. ADDRESS 351 Hospital Rd., Newport Beach, CA		19. LOCAL REGISTRAR'S SIGNATURE <i>Sauri Marie M.D.</i>		19a. REGISTRAR'S CALIFORNIA LICENSE NUMBER A-13551	
	20. DATE OF BIRTH AUG 13 1976		20. DATE OF BIRTH AUG 13 1976			

091333



001866168

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE ORANGE COUNTY CLERK-RECORDER.

DATE ISSUED **AUG 12 2024**

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

Jughit Nagaroff
HIGHWAY
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

