

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

STATE FILE NUMBER	00-234488		CERTIFICATE OF LIVE BIRTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	3801 12489
1a NAME OF CHILD—FIRST NAME	2b MIDDLE NAME		3c LAST NAME			
THIS CHILD	Keith		Van		Love	
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	
	Male	Single		August 20, 1960	12:03 P. M.	
PLACE OF BIRTH	5a PLACE OF BIRTH—NAME OF HOSPITAL			5b STREET ADDRESS—GIVE STREET OR RURAL ADDRESS (BY LOCATION DO NOT USE P. O. BOX NUMBERS)		
	Mount Zion Hospital			1600 Divisadero Street		
	5c CITY OR TOWN			5d COUNTY		
	San Francisco			San Francisco		
4107 MOTHER OF CHILD	6a MAIDEN NAME OF MOTHER—FIRST NAME		6b MIDDLE NAME		6c LAST NAME	
	Sandra		Lee		Campbell	
	7 COLOR OR RACE OF MOTHER	White				
	8 AGE OF MOTHER (AT TIME OF THIS BIRTH) YEARS	9 BIRTHPLACE (STATE OR FOREIGN COUNTRY)		10 MAILING ADDRESS OF MOTHER—(IF DIFFERENT FROM USUAL RESIDENCE, FOR NOTIFICATION OF BIRTH REGISTRATION)		
	18	California		Same		
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11a USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS BY LOCATION)			11b IF INSIDE CORPORATE LIMITS CHECK ONE		IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE
	839 Lausanne Avenue			<input checked="" type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM		<input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM
	11c CITY OR TOWN			11d COUNTY		11e STATE
	Daly City			San Mateo		California
FATHER OF CHILD	12a NAME OF FATHER—FIRST NAME		12b MIDDLE NAME		12c LAST NAME	
	Leland		Van		Love	
	13 COLOR OR RACE OF FATHER	White				
	14 AGE OF FATHER (AT TIME OF THIS BIRTH) YEARS	15 BIRTHPLACE (STATE OR FOREIGN COUNTRY)		16a PRESENT OR LAST OCCUPATION		16b KIND OF INDUSTRY OR BUSINESS
	20	California		Carpenter		Construction
INFORMANT'S CERTIFICATION	1 I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE			17a PARENT OR OTHER INFORMANT—SIGNATURE		17b DATE SIGNED BY INFORMANT
				<i>William Wilson</i>		8-22-60
ATTENDANT'S CERTIFICATION	1 I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR DATE AND PLACE STATED ABOVE			18a PHYSICIAN (NAME AND ADDRESS)		18b ADDRESS
				<i>William Wilson, M.D.</i>		450 Sutter Street, S.F.
REGISTRAR'S CERTIFICATION	19 DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT			20 LOCAL REGISTRAR—SIGNATURE		21 DATE RECEIVED BY LOCAL REGISTRAR
				<i>Colin D. ...</i>		AUG 25 1960

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Molly Joel Coye, MD, MPH, Director and State Registrar of Vital Statistics

by: *Michael Davis*
MICHAEL DAVIS, CHIEF
OFFICE OF STATE REGISTRAR

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DATE ISSUED

MAR 1 5 1993

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE