

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

SANTA ANA, CALIFORNIA

BOOK 304 PAGE 180

CERTIFICATE OF LIVE BIRTH

3000 09091

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 Bruno		1b. MIDDLE NAME John		1c. LAST NAME Nolte Jr.	
	2. SEX Male	3a. THIS BIRTH, SINGLE, TWIN OR TRIPLET? Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?		4a. DATE OF BIRTH—MONTH, DAY, YEAR June 10, 1968	4b. HOUR 7:40A
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL Huntington Intercommunity Hospital			5b. STREET ADDRESS (STREET, AND NUMBER, OR LOCATION) 1772 Beach Boulevard		5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes
	5d. CITY OR TOWN Huntington Beach			5e. COUNTY Orange		
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME Evelyn		6b. MIDDLE NAME Corina		6c. LAST NAME (MAIDEN SURNAME) Masslauk	
	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Germany		8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 24 YEARS		9. COLOR OR RACE OF MOTHER Caucasian	
	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS, OR LOCATION) 17553 Santa Domingo Circle			10b. RESIDENCE OF MOTHER—COUNTY Orange		10c. RESIDENCE OF MOTHER—STATE California
	10d. RESIDENCE OF MOTHER—CITY OR TOWN Fountain Valley			10e. RESIDENCE OF MOTHER—STATE California		
FATHER OF CHILD	11a. NAME OF FATHER—FIRST NAME Bruno		11b. MIDDLE NAME John		11c. LAST NAME Nolte	
	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Germany		13. AGE OF FATHER (AT TIME OF THIS BIRTH) 37 YEARS		14. COLOR OR RACE OF FATHER Caucasian	
	15a. PRESENT OR LAST OCCUPATION Sales		15b. KIND OF INDUSTRY OR BUSINESS Real Estate		16. DATE REVIEWED AND SIGNED BY INFORMANT 6/12/68	
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATISTICAL INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		16a. PARENT OR OTHER INFORMANT—SIGNATURE (BY OTHER THAN PARENT, SPECIFY) <i>[Signature]</i>		17. DATE REVIEWED AND SIGNED BY ATTENDANT <i>[Signature]</i>	
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 <i>[Signature]</i>		17b. PHYSICIAN'S CALIFORNIA LICENSE NUMBER 0-18121	
LOCAL REGISTRAR	18.		17c. ADDRESS Paul McBride, MD 17612 Beach Boulevard Huntington Beach		20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR JUL 3 - 1968	
			19. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>			

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED JAN 11 1999

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.

GARY L. GRANVILLE, Clerk-Recorder
ORANGE COUNTY, CALIFORNIA

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



MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE