

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

STATE		CERTIFICATE OF LIVE BIRTH				LOCAL REGISTRATION	
FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				DISTRICT AND CERTIFICATE NUMBER	
						7053 294	
THIS CHILD	1A. NAME OF CHILD—FIRST NAME VENISE		1B. MIDDLE NAME JANE		1C. LAST NAME TUIASOSOPO		
	2. SEX FEMALE	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 JANUARY 6, 1962	
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL THE CALIFORNIA HOSPITAL				5B. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 1414 SO. HOPE ST.		
	5C. CITY OR TOWN LOS ANGELES				5D. COUNTY LOS ANGELES		
MOTHER OF CHILD	6A. MAIDEN NAME OF MOTHER—FIRST NAME ULUALO		6B. MIDDLE NAME JANE		6C. LAST NAME LAOLAGI		7. COLOR OR RACE OF MOTHER SAMOAN
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 33 YEARS		9A. BIRTHPLACE (STATE OR FOREIGN COUNTRY) AMERICAN SAMOA		10. MAILING ADDRESS OF MOTHER— 1742 1/2 W. 6th ST. L.A. 17		
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 1742 1/2 W. 6th ST.				11b. IF INSIDE CORPORATE LIMITS CHECK ONE <input checked="" type="checkbox"/> CHECK HERE		IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM
	11c. CITY OR TOWN LOS ANGELES				11d. COUNTY LOS ANGELES		11e. STATE CALIFORNIA 2089
FATHER OF CHILD	12A. NAME OF FATHER—FIRST NAME MARIOTA		12B. MIDDLE NAME TUITAALILI		12C. LAST NAME TUIASOSOPO, II		13. COLOR OR RACE OF FATHER SAMOAN
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 27 YEARS		15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) AMERICAN SAMOA		16A. PRESENT OR LAST OCCUPATION ELECTRICIAN		16B. KIND OF INDUSTRY OR BUSINESS DECORATING CO.
INFORMANT'S CERTIFICATION	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 (IF OTHER THAN PARENT, SPECIFY) <i>Ulualo Tuiasosopo</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.					17B. DATE SIGNED BY INFORMANT Jan 8, 1962	
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT					18A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE <i>V. Blanchi Slagman MD</i>	
						18B. ADDRESS 2010 WILSHIRE BLVD.	
						20. LOCAL REGISTRAR—SIGNATURE <i>George H. Weil, M.D.</i>	
						21. DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1962	

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.

SEP 27 2017



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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