

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
REGISTRAR-RECORDER, COUNTY CLERK

105 2006 126773

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1 2006 19 027800

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
	2. SEX	3A. THIS CHILD, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER OR LOCATION	5C. CITY
	5D. CITY	5E. COUNTY	5F. STATE
	5G. ZIP CODE	5H. ZIP CODE	5I. ZIP CODE
MOTHER	6A. NAME OF MOTHER/PARENT - FIRST	6B. MIDDLE	6C. LAST
	6D. NAME OF MOTHER/PARENT - FIRST	6E. MIDDLE	6F. LAST - BIRTH NAME
FATHER	7A. NAME OF FATHER/PARENT - FIRST	7B. MIDDLE	7C. LAST
	7D. NAME OF FATHER/PARENT - FIRST	7E. MIDDLE	7F. LAST - BIRTH NAME
INFORMANT AND BIRTH CERTIFICATION	12A. PARENT OR OTHER INFORMANT - SIGNATURE	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED - MM/DD/YYYY
	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED - MM/DD/YYYY
LOCAL REGISTRAR	14A. DATE OF BIRTH - MM/DD/YYYY	14B. STATE FILE NO. - STATE USE ONLY	14C. LOCAL REGISTRATION - SIGNATURE
	14D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	14E. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	14F. DATE INSPECTED - MM/DD/YYYY

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.

FEB 05 2016



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