

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA

1200319134963

STATE FILE NUMBER

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A NAME OF CHILD — FIRST (GIVEN)		1B MIDDLE		1C LAST (FAMILY)	
	ION		MASHAWY		WILLIAMS JR.	
PLACE OF BIRTH	2 SEX	3A THIS BIRTH, SINGLE, TWIN, ETC	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC	4A. DATE OF BIRTH — MM/DD/CCYY		4B HOUR — (24 HOUR CLOCK TIME)
	MALE	SINGLE	-	12/10/2003		0949
FATHER OF CHILD	5A PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY			5B STREET ADDRESS — STREET, NUMBER OR LOCATION		
	CALIFORNIA HOSPITAL MEDICAL CTR			1401 S. GRAND AVE.		
MOTHER OF CHILD	5C CITY		5D COUNTY		5E PLANNED PLACE OF BIRTH	
	LOS ANGELES		LOS ANGELES		HOSPITAL	
INFORMANT CERTIFICATION	6A NAME OF FATHER — FIRST (GIVEN)		6B MIDDLE		6C LAST (FAMILY)	
	ION		MASHWAN		WILLIAMS	
CERTIFICATION OF BIRTH	7 STATE OF BIRTH		8 DATE OF BIRTH			
	NY		07/06/1979			
MOTHER OF CHILD	9A NAME OF MOTHER — FIRST (GIVEN)		9B MIDDLE		9C LAST (MAIDEN)	
	JASMA		LASHONDRA		GARRISON	
INFORMANT CERTIFICATION	10 STATE OF BIRTH		11 DATE OF BIRTH			
	CA		09/05/1982			
CERTIFICATION OF BIRTH	1 I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE			12A PARENT OR OTHER INFORMANT SIGNATURE		12B RELATIONSHIP TO CHILD
				<i>Jasma Garrison</i>		MOTHER
LOCAL REGISTRAR	1 I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED			13A ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE		13B LICENSE NUMBER
				<i>Ralph Mayer</i>		G069356
LOCAL REGISTRAR	13C DATE SIGNED				14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
	12/14/2003				P. JAMES RHIT	
LOCAL REGISTRAR	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT				17 DATE ACCEPTED FOR REGISTRATION	
	RALPH MAYER, MD, 1401 SOUTH GRAND AVENUE, L.A.				01/11/2004	
LOCAL REGISTRAR	15A DATE OF DEATH		15B STATE FILE NO (STATE USE ONLY)		16 LOCAL REGISTRAR — SIGNATURE	
					THOMAS L. GARTHWAITE	

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

NOV - 5 2010



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This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANGOR

