

CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER
COUNTY OF ALAMEDA
 OAKLAND, CALIFORNIA

104-72-031526
STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

6001

5305
LOCAL REGISTRATION DISTRICT AND PART OF STATE NUMBER

THIS CHILD	1a. NAME OF CHILD—FIRST NAME ASIM HANIF		1b. MIDDLE NAME ZATD		1c. LAST NAME MARSHALL	
	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 APRIL 24, 1972		
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL ALAMEDA HOSPITAL			5b. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2070 CLINTON AVENUE		5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES
	5d. CITY OR TOWN ALAMEDA			5e. COUNTY ALAMEDA		
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME MARCETTA		6b. MIDDLE NAME LYNN		6c. LAST NAME (MAIDEN SURNAME) McCRAY	
	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) CALIFORNIA		8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 24 YEARS		9. COLOR OR RACE OF MOTHER BLACK	
	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER) 5900 GROVE STREET			10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) YES		
	10c. RESIDENCE OF MOTHER—CITY OR TOWN OAKLAND			10d. RESIDENCE OF MOTHER—COUNTY ALAMEDA		10e. RESIDENCE OF MOTHER—STATE CALIFORNIA
FATHER OF CHILD	11a. NAME OF FATHER—FIRST NAME JOHN		11b. MIDDLE NAME LAWANCE		11c. LAST NAME MARSHALL	
	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY) CALIFORNIA		13. AGE OF FATHER (AT TIME OF THIS BIRTH) 22 YEARS		14. COLOR OR RACE OF FATHER BLACK	
	15a. PRESENT OR LAST OCCUPATION NONE			15b. KIND OF INDUSTRY OR BUSINESS NONE		
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT.		16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY) <i>[Signature]</i>		16b. DATE REVIEWED AND SIGNED BY INFORMANT 5-31-72	
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>Thomas She Her Powers, M.D.</i>		17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDEE 5-31-72	
LOCAL REGISTRAR	18.		17c. ADDRESS 2059 CLINTON AVENUE, ALAMEDA, CALIF.		17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER G-15640	
			19. LOCAL REGISTRAR—SIGNATURE <i>James C. Malibon, M.D.</i>		20. DATE ACCEPTED FOR REGISTRATION OF LIVE BIRTH RECORD JUN 7 '72	

067377

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

DATE ISSUED **SEP 13 1990**

Rene C. Davidson

RENE C. DAVIDSON
 ALAMEDA COUNTY RECORDER

This copy not valid unless prepared on engraved border displaying date and signature of Recorder.



American Bank Note Company ANY ALTERATION OR ERAS VOIDS THIS CERTIFICATE