

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF VITAL RECORDS

CITY AND COUNTY OF  
SAN FRANCISCO

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

1201638012513

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER					
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST		
	SIO	ROBERT	HEARNE		
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	-	12/24/2016	2159
NAME OF PARENT	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION		
	CALIF. PACIFIC MEDICAL CENTER		3700 CALIFORNIA ST		
NAME OF PARENT	5C. CITY		5D. COUNTY		
	SAN FRANCISCO		SAN FRANCISCO		
NAME OF PARENT	6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTHPLACE - STATE/COUNTRY
	ROY	EDWARD	HEARNE, JR.		CA
NAME OF PARENT	9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTHPLACE - STATE/COUNTRY
	SARAH	MEIJUN	CHIN		CA
INFORMANT AND BIRTH CERTIFICATION	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		8. DATE OF BIRTH
			<i>[Signature]</i>		03/19/1992
LOCAL REGISTRAR	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		11. DATE OF BIRTH
			<i>[Signature]</i> Shannon Thomas RNC MSN		02/05/1994
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		12B. RELATIONSHIP TO CHILD		12C. DATE SIGNED
	ZIYAD HANNON, MD, 2645 OCEAN AVENUE #309, SAN FRANCISCO		MOTHER		12/25/2016
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE		13C. DATE SIGNED
			<i>[Signature]</i> TOMAS ARAGON, MD, Dr.P.H.		12/25/2016
				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
				SHANNON THOMAS, RNC, MSN	
				17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY	
				12/30/2016	

CASANFRADJ



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STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

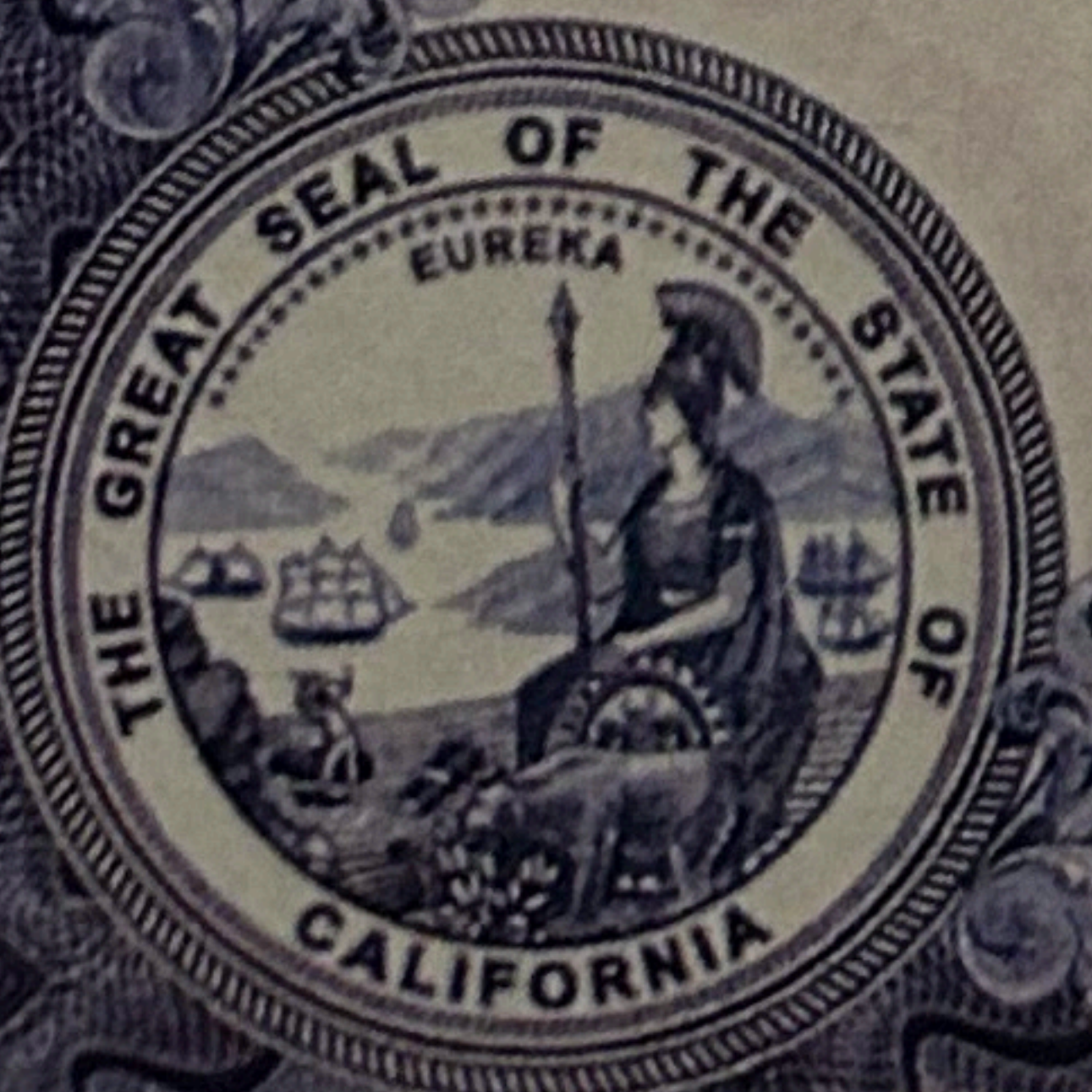
This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.

AUG 03 2017

DATE ISSUED

*Tomas Aragon*  
TOMAS ARAGON, MD, Dr.P.H.  
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE