

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

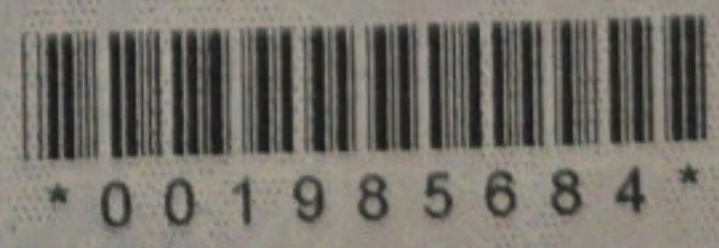
COUNTY OF SAN BERNARDINO
 SAN BERNARDINO, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
 STATE OF CALIFORNIA
 USE BLACK INK ONLY

1201036002926
 LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
THIS CHILD	1A. NAME OF CHILD - FIRST ZAYLEN	1B. MIDDLE JAMES	1C. LAST BENT		
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	4A. DATE OF BIRTH - MM/DD/CCYY 02/11/2010	4B. HOUR - 24 HOUR CLOCK TIME 0925
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY VICTOR VALLEY COMMUNITY HOSPITAL		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 15248 ELEVENTH ST.		
	5C. CITY VICTORVILLE		5D. COUNTY SAN BERNARDINO		
FATHER PARENT	6A. NAME OF FATHER/PARENT - FIRST SHALLON	6B. MIDDLE ERIC	6C. LAST BENT	7. BIRTHPLACE - STATE/COUNTRY CA	8. DATE OF BIRTH - MM/DD/CCYY 07/25/1981
MOTHER PARENT	9A. NAME OF MOTHER/PARENT - FIRST REGINA	9B. MIDDLE LENDIA	9C. LAST - BIRTH NAME MARQUEZ	10. BIRTHPLACE - STATE/COUNTRY CA	11. DATE OF BIRTH - MM/DD/CCYY 10/05/1979
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 <i>Regina Marquez</i>		12B. RELATIONSHIP TO CHILD MOTHER
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Nina Murcia</i>		12C. DATE SIGNED - MM/DD/CCYY 02/13/2010
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT AMAL GUHA, MD, 16124 KASOTA ROAD, #A, APPLE VALLEY			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT NINA MURCIA, UNIT SECRETARY	
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE MAXWELL OHIKHUARE, MD <i>BW</i>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 02/17/2010

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.



Dennis Draeger
 DENNIS DRAEGER
 San Bernardino County Assessor-Recorder-Clerk

NOV 03 2014
 DATE ISSUED

This copy not valid unless prepared on engraved border displaying date, seal and signature of the Assessor-Recorder-Clerk.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE