

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

0190-000598

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

STATE BIRTH CERTIFICATE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1a. NAME OF CHILD—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME		
	YVONNE	COLLEEN	CHAVEZ		
PLACE OF BIRTH	2. SEX	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET?	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH, DAY, YEAR	4b. HOUR
	FEMALE	SINGLE	-----	JANUARY 2, 1977	8:12A M.
MOTHER OF CHILD	5a. PLACE OF BIRTH—NAME OF HOSPITAL		5b. STREET ADDRESS (STREET, AND NUMBER, OR LOCATION)		5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
	BALDWIN PARK COMMUNITY HOSPITAL		14148 FRANCISQUITO		YES
FATHER OF CHILD	5d. CITY OR TOWN		5e. COUNTY		
	BALDWIN PARK		LOS ANGELES		
INFORMANT'S CERTIFICATION	6a. MAIDEN NAME OF MOTHER—FIRST NAME	6b. MIDDLE NAME	6c. LAST NAME (MAIDEN SURNAME)	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	
	DIANE	LORRAINE	MARTINEZ	CALIFORNIA	
ATTENDANT'S CERTIFICATION	8. AGE OF MOTHER (AT TIME OF THIS BIRTH)	8a. SOCIAL SECURITY NUMBER OF MOTHER	9. COLOR OR RACE OF MOTHER	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL AC. NO. OR LOCATION)	10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
	22 YEARS	NOT STATED	WHITE	9626 GUESS ST	YES
LOCAL REGISTRAR	10c. RESIDENCE OF MOTHER—CITY OR TOWN		10d. RESIDENCE OF MOTHER—COUNTY		10e. RESIDENCE OF MOTHER—STATE
	ROSEMEAD		LOS ANGELES		CALIFORNIA
INFORMANT'S CERTIFICATION	11a. NAME OF FATHER—FIRST NAME	11b. MIDDLE NAME	11c. LAST NAME	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	
	GABRIEL	PEREZ	CHAVEZ	MEXICO	
ATTENDANT'S CERTIFICATION	13. AGE OF FATHER (AT TIME OF THIS BIRTH)	13a. SOCIAL SECURITY NUMBER OF FATHER	14. COLOR OR RACE OF FATHER	15	
	20 YEARS	NOT STATED	WHITE		
LOCAL REGISTRAR	16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY)		16b. DATE REVIEWED AND SIGNED BY INFORMANT		
	[Signature]		JANUARY 2, 1977		
LOCAL REGISTRAR	17a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED AT BIRTH)—NAME OR TITLE		17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT		
	[Signature]		JANUARY 2, 1977		
LOCAL REGISTRAR	17c. ADDRESS		17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER		
	14148 FRANCISQUITO, BALDWIN PARK		#A 18799		
LOCAL REGISTRAR	18. REQUEST OMISSION FROM SOLICITATION LISTS		19. LOCAL REGISTRAR—SIGNATURE		20. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
			[Signature]		JAN 14 1977

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk **APR 24 2006**

*Conny B. McCormack*  
CONNIE B. McCORMACK  
Registrar-Recorder/County Clerk



This copy not valid unless prepared on engraved border displaying Seal and Signature of the Registrar-Recorder County Clerk.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE