

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH
 STATE OF CALIFORNIA
 USE BLACK INK ONLY

1201519024480
 LOCAL REGISTRATION NUMBER

STATE FILE NUMBER				LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST		
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MMDDCCYY	4B. HOUR - 24 HOUR CLOCK TIME
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION			
	5C. CITY	5D. COUNTY			
	6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH - MMDDCCYY
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	10. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH - MMDDCCYY
	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'S SIGNATURE	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED - MMDDCCYY
INFORMANT AND BIRTH CERTIFICATION	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.		13A. ATTENDANT/OTHER - SIGNATURE AND DECISION	13B. LICENSE NUMBER	13C. DATE SIGNED - MMDDCCYY
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
	15A. DATE OF DEATH - MMDDCCYY	15B. STATE FILE NO. - STATE USE ONLY	15C. LOCAL REGISTRAR'S SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION - MMDDCCYY

INFORMATIONAL DOCUMENT

NOT TO ESTABLISH IDENTITY

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Sarah A. Cooley, MD
 Director of Public Health and Registrar



APR 16 2015



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE