

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

1052020136594

1202019031221

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

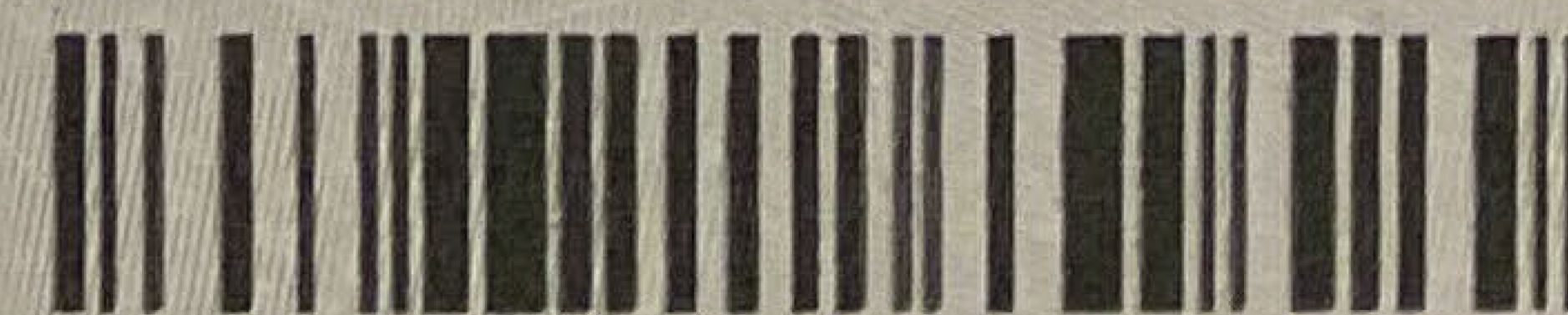
LOCAL REGISTRATION NUMBER

Form with fields for child information (1A-4B), place of birth (5A-5D), parent information (6A-6C, 9A-9C), informant and birth certification (12A-13D), and registrar information (15A-17).

NO ORIGINAL DOCUMENTS TO ESTABLISH CALIFORNIA

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.



100013377

Handwritten signature and date: [Signature], MD

DATE ISSUED

JUN - 8 2020

