STATE OF CALIFORN

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

104-			CATE OF LIVE BIRT	TH	119083	882
	STATE FILE NUMBER		OF CALIFORNIA BLACK INK ONLY LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
THIS	18. MIDDLI LUIS			GOMEZ	MAI	
	2. SEX 3A. THIS BRITH SINGLE. MALE SINGLE	TWIN ETC. 38 IF MULTIPLE, THIS CHILD	JULY 10.	PATH DAY, YEAR	48. HOUR 24 HOUR CLO	CK TIME:
PLACE OF BIRTH	5A. PLACE OF BIRTH-NAME OF MOSHITAL OR FACELITY GA/HP MEDICAL CENTER SC. CITY		5B. STREET ADDRESS-STREET, NUMBER, OR LOCATION 1300 N. VERMONT AVENUE 5D. COUNTY 5E. PLANNED PLACE OF BIRTH			
FATHER	LOS ANGELES 6A. NAME OF FATHER—FIRST IGIVEN		LOS ANGELES		HOSPITAL	
OF CHILD	LUIS	RAMON	GOMEZ		7. STATE OF BIRTH	8. DATE OF BIRTH
MOTHER OF CHILD	VERDNICA	9B. MIDDLE	BARCIA	1/	10 STATE OF BIRTH	2/23/59
PARENT'S CERTIFI- CATION	CERTIFY THAT ! HAVE REVIEWED THE STATED INFORMATION AND THAY IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	ANT-SIGNATURE	12B REI	LATIONSHIP TO CHILD	12C DATE SIGNED	
CATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED	13A. ATTENDENT OR CERTIFIER-	SIGNATURE - DEGREE OR TITLE	13B.LIC	ENSE NUMBER	13C DATE SIGNED
	130 TYPED NAME, TITLE AND MAILING ADDRESS CHATTLES TO THE THAN ATTENDANT BOYD COOPER, MD, 1300 N VERMONT AVE, LOS ANGELES					
LOCAL	15A. DATE OF DEATH 15B. STATE FILE NO. (STATE USE ONLY) 16. LOCAL REGISTRAR SNATUS 17. DATE ACCEPTED FOR REGISTRATION 11. DATE ACCEPTE					

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

DEAN C. LOGAN

Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

FEB 2 6 2018



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