

United States of America



DEPARTMENT OF STATE

To all to whom these presents shall come, Greetings:

I Certify That the document hereunto annexed is under the Seal of the State(s) of Texas, and that such Seal(s) is/are entitled to full faith and credit.*

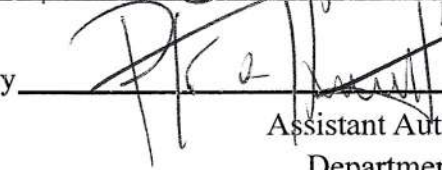
**For the contents of the annexed document, the Department assumes no responsibility*

This certificate is not valid if it is removed or altered in any way whatsoever



In testimony whereof, I, Michael R. Pompeo, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this fifteenth day of September, 2020.

Issued pursuant to CHXIV, State of
Sept. 15, 1789, 1 Stat. 68-69; 22
USC 2657; 22USC 2651a; 5 USC
301; 28 USC 1733 et. seq.; 8 USC
1443(f); RULE 44 Federal Rules of
Civil Procedure.


Secretary of State
By 
Assistant Authentication Officer,
Department of State



The State of Texas

Secretary of State

I, Ruth R. Hughs, Secretary of State of the State of Texas, DO HEREBY CERTIFY that I am the duly appointed and qualified Secretary of State of the State of Texas and, under and by virtue of the laws thereof, the custodian of its laws and the registrar of its public officers; and

THAT according to the records of this office, Tara Das is the State Registrar, Texas Department of State Health Services, and is entitled to act in that capacity and to certify to instruments in that department.

Issued: September 3, 2020
Certificate Number 11983674



A handwritten signature in black ink, appearing to read "Ruth R. Hughs", written over a horizontal line.

Ruth R. Hughs
Secretary of State
GF/mr

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

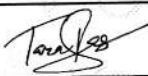
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
MAR 31 2017

STATE OF TEXAS

CERTIFICATE OF BIRTH

142-17-086488

BIRTH NUMBER

1. Child's Name First: RITHIKA Middle: MANIRAM Last: SUFFIX			2. Date of Birth (mm/dd/yyyy) 03/27/2017		3. Sex FEMALE
4a. Place of Birth - County HARRIS		4b. City or Town (If outside city limits, give precinct no.) HOUSTON		5. Time of Birth 15:31	6a. Plurality - Single, Twin, Triplet, etc. SINGLE
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Other (Specify):			7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) MEMORIAL HERMANN HOSPITAL		
8a. Attendant's Name, NPI, and Mailing Address HECTOR DEL CASTILLO, JR 1213 HERMANN DRIVE STE 220 HOUSTON, TEXAS 77004			9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. SHEILA ALEXANDER Signature and Title 03/29/2017 Date Signed		
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):			9b. <input type="checkbox"/> Attendant <input checked="" type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):		
10. Mother's Name Prior to First Marriage First: VANMUKIL Middle: RAMACHANDRAN Last: SUFFIX			11. Date of Birth (mm/dd/yyyy) 01/31/1987		12. Birthplace (State, Territory or Foreign Country) INDIA
13a. Residence - State TEXAS		13b. County HARRIS		13c. City, Town or Location HOUSTON	
13d. Street Address or Rural Location 1819 AUGUSTA DRIVE # 434					
13e. Zip Code 77057	13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or:			
15. Father's Name Prior to First Marriage First: MANIRAM Middle: SADHASIVA MOHAN Last: SUFFIX			16. Date of Birth (mm/dd/yyyy) 02/20/1986		17. Birthplace (State, Territory or Foreign Country) INDIA
18. Signature of State Registrar 					

VS-111.2 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.



LHA

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

MAY 09 2017

ISSUED

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND


TARA DAS
STATE REGISTRAR

