

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

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
PLACE OF BIRTH	4A. DATE OF BIRTH - MM/DD/YYYY	4B. HOUR - 24 HOUR CLOCK TIME 0518	
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY PROVIDENCE SAINT JOHN'S HEALTH CTR	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 2121 SANTA MONICA BOULEVARD	
NAME OF PARENT	6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME
	7A. NAME OF PARENT - FIRST	7B. MIDDLE	7C. LAST - BIRTH NAME
INFORMANT AND BIRTH CERTIFICATION	8. DATE OF BIRTH		9. DATE OF BIRTH
	10. BIRTHPLACE - STATE/COUNTRY UKRAINE		11. DATE OF BIRTH 02/02/2016
LOCAL REGISTRATION	12. RELATIONSHIP TO CHILD FATHER		13. DATE SIGNED 02/02/2016
	14. LICENSE NUMBER A102707		15. DATE SIGNED 02/02/2016
16. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT D KISELEVA, MD, 2001 SANTA MONICA BLVD, SANTA MONICA		17. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT N BEJANY, RNC	
18. DATE OF DEATH - MM/DD/YYYY		19. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 02/05/2016	
20. STATE FILE NO. - STATE USE ONLY		21. LOCAL REGISTRAR - SIGNATURE JEFFREY D GUNZENHAUSER, MD SS	

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. It bears the Registrar's signature in purple ink.

Jeffrey D. Gunzenhauser, MD
VF
Health Officer and Registrar

DATE ISSUED **FEB 10 2016**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE