

I hereby certify that this is a true and correct copy of the birth record of the child named herein and that the record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, still births and deaths.

DATE

December 14, 2006

SIGNED

Katherine C. Shultz

AT WOODSTOCK, ILLINOIS

OFFICIAL TITLE

County Clerk

CERTIFICATE OF LIVE BIRTH				112-
1. DISTRICT NO. 56.1		2. REGISTERED 1925		
3. CHILD'S NAME FIRST		4. MIDDLE		5. LAST
1. LUIS		ANTONIO		SANDOVAL ACEVEDO
6. SEX Male		7. CHILD'S BLOOD TYPE		8. DATE OF BIRTH (MONTH, DAY, YEAR)
9. PLACE OF BIRTH		10. CITY, TOWN, TWP., ROAD DIST., NO., OR LOCATION OF BIRTH		11. COUNTY OF BIRTH
12. Hospital		WOODSTOCK		MCHENRY
13. CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATE D. SIGNATURE (OPTIONAL)		14. FACILITY NAME (IF NOT IN BIRTH TOWN, GIVE STREET AND NUMBER)		15. ATTENDANT'S NAME AND TITLE (IF OTHER THAN CERTIFIER) (TYPE/PRINT)
		16. MEMORIAL MEDICAL CENTER		
17. DATE: (MONTH, DAY, YEAR)		18. DATE: (MONTH, DAY, YEAR)		19. ATTENDANT'S MAILING ADDRESS (STREET AND NUMBER OR ROUTE, CITY OR TOWN, STATE, ZIP CODE)
				2000 LAKE AVE. WOODSTOCK IL 60098
21. CERTIFIER'S NAME AND TITLE (TYPE/PRINT)		22. DATE: FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		23. DATE: (MONTH, DAY, YEAR)
YVONNE YAO M. D.		NOV 13 2006		
24. LOCAL REGISTRAR'S SIGNATURE (OPTIONAL)		25. DATE OF BIRTH (MONTH, DAY, YEAR)		26. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Katherine C. Shultz		01/01/1986		MEXICO
27. MOTHER'S NAME (FIRST, MIDDLE, LAST)		28. DATE OF BIRTH (MONTH, DAY, YEAR)		29. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
YETZEMANY		01/01/1986		MEXICO
30. RESIDENCE STREET AND NUMBER		31. CITY, TOWN, TWP., OR ROAD DIST., NO.		32. INSIDE CITY (YES/NO)
4812 BROCKHAM COURT		WOODSTOCK		YES
33. COUNTY		34. MOTHER'S MAILING ADDRESS (IF SAME AS RESIDENCE, ENTER ZIP CODE ONLY)		35. DATE OF BIRTH (MONTH, DAY, YEAR)
MCHENRY		60098		02/11/1984
36. FATHER'S NAME (FIRST, MIDDLE, LAST)		37. DATE OF BIRTH (MONTH, DAY, YEAR)		38. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
BALTAZAR		02/11/1984		MEXICO
39. CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF		40. SIGNATURE (OPTIONAL)		41. DATE: (MONTH, DAY, YEAR)
		Katherine C. Shultz		NOV 13 2006
42. INFORMANTS SIGNATURE (OPTIONAL)		43. DATE: (MONTH, DAY, YEAR)		44. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

To the Local Registrar:

THE HEALTH AND STATISTICAL section of the live birth certificate is confidential. DO NOT copy any of this information, except for the use of a local Health Officer for the purpose only of carrying out the public health programs and responsibilities under his jurisdiction. A special form (VR100.2) is available for that purpose.

The child's Birth Number will be assigned by the State Office. A record of that number will be sent to the County Clerk and Local Registrar for their file copy.

If the original birth certificate for this birth was filed without the child's given names, it was the duty of the birth attendant to advise the mother of her responsibility to report the names later to the Illinois Department of Public Health. The County Clerk and Local Registrar will be furnished the names by that Department.

THIS DOCUMENT IS NOT VALID UNLESS CERTIFICATION IS COMPLETED