

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1200719061884

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A NAME OF CHILD - FIRST KUSHAL	1B MIDDLE REDDY	1C LAST GOLI
	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 CCYY 04/24/2007		4B HOUR - 24 HOUR CLOCK TIME 0806
	5A PLACE OF BIRTH NAME OF HOSPITAL OR FACILITY ST. JOHN'S HEALTH CENTER		
FATHER/PARENT	5B STREET ADDRESS STREET AND NUMBER OR LOCATION 1328 22ND ST.		
	5C CITY SANTA MONICA		5D COUNTY LOS ANGELES
MOTHER/PARENT	6A NAME OF FATHER PARENT FIRST SRINIVAS	6B MIDDLE REDDY	6C LAST GOLI
	9A NAME OF MOTHER PARENT FIRST VIJAYA	9B MIDDLE REDDY	9C LAST BIRTH NAME RONDLA
INFORMANT AND BIRTH CERTIFICATION	12A PARENT OR OTHER INFORMANT - SIGNATURE <i>[Signature]</i>		12B RELATIONSHIP TO CHILD <i>Father.</i>
	13A ATTENDANT/CERTIFIER SIGNATURE AND DEGREE OR TITLE <i>Helen Choukou RHIT</i>		13B LICENSE NUMBER G40794
	13D TYPED NAME TITLE AND MAILING ADDRESS OF ATTENDANT L REYNARD, MD, 2021 SANTA MONICA BL, SANTA MONICA		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT H CHTOUKOU RHIT
	15A DATE OF DEATH MM DD CCYY		15B STATE FILE NO STATE USE ONLY
LOCAL REGISTRAR	16 LOCAL REGISTRAR - SIGNATURE JONATHAN E FIELDING, MD		17 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY 07/11/2007

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

*Conny B. McCormack*CONNY B. MCCORMACK
Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

PRNCO (REV) 11-06

JUL 24 2007



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE