

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1200842001026

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION	
	5C. CITY	5D. COUNTY	
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST
	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH - MM/DD/CCYY	
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME
	10. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH - MM/DD/CCYY	
INFORMANT AND BIRTH CERTIFICATION	1. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. PARENT OR OTHER INFORMANT SIGNATURE	12B. RELATIONSHIP TO CHILD
	2. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	12C. DATE SIGNED - MM/DD/CCYY	13. LICENSE NUMBER
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	15. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

SS DATE ISSUED **JUL 30 2008**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

Elliot Schulman
HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



PBSCO (REV) 1106

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE