

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

**CERTIFICATE OF LIVE BIRTH**  
**STATE OF CALIFORNIA**  
 1200619109131

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF CHILD — FIRST (GIVEN)	1B MIDDLE	1C LAST (FAMILY)	
CALED	KAI	SOLOMON	
2 SEX	3A THIS BIRTH SINGLE, TWIN, ETC.	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A DATE OF BIRTH — (24 HOUR CLOCK TIME)
MALE	TWIN	2ND	10/04/2006 1535
5A PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY	5B STREET ADDRESS — STREET NUMBER OR DESIGNATION		
KAISER HOSPITAL, BALDWIN PARK	1011 BALDWIN PARK BLVD		
5C CITY	5D COUNTY	5E PLACING PLACE OF BIRTH	
BALDWIN PARK	LOS ANGELES	HOSPITAL	
6A NAME OF FATHER — FIRST (GIVEN)	6B MIDDLE	6C LAST (FAMILY)	7 STATE OF BIRTH
-	-	-	-
8A NAME OF MOTHER — FIRST (GIVEN)	8B MIDDLE	8C LAST (FAMILY)	9 STATE OF BIRTH
NATALIE	-	BULEMAN	CA
10 DATE OF BIRTH	11 DATE OF BIRTH		
-	07/11/1975		
12A I CERTIFY THAT I HAVE EXAMINED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12B PARENT OR OTHER INFORMANT SIGNATURE	12C RELATIONSHIP TO CHILD	12D DATE SIGNED
	<i>[Signature]</i>	MOTHER	10/04/2006
13A I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED	13B ATTENDING PHYSICIAN — SIGNATURE — QUALIFYING TITLE	13C LICENSE NUMBER	13D DATE SIGNED
	<i>[Signature]</i>	G77631	10/04/2006
13E TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
LYN YASUMURA, MD, 1011 BALDWIN PARK BLVD, BALDWIN PARK			
15A DATE OF DEATH	15B STATE FILE NO. (STATE USE ONLY)	15C SIGNATURE — SIGNATURE	15D DATE ACCEPTED FOR REGISTRATION
		JONATHAN E FIELDING, MD	11/01/2006

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*Dean C Logan*  
 DEAN C. LOGAN  
 Registrar-Recorder/County Clerk

FEB 18 2009



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COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA

1200119070362

STATE FILE NUMBER		USE BLACK INK ONLY				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	14 NAME OF CHILD — FIRST (GIVEN) <b>ELIJAH</b>	15 MIDDLE <b>HAKAI</b>	16 LAST (FAMILY) <b>SOLOMON</b>				
CHILD	7 SEX <b>MALE</b>	14 THIS BIRTH SINGLE "MIA ETC." <b>SINGLE</b>	15 IF MULTIPLE THIS CHILD 1ST AND ETC. <b>-</b>	10 DATE OF BIRTH <b>05/18/2001</b>	11 IMMUNITY <b>2405</b>	48 HOUR <b>2405</b>	12 HOUR CLOCK TIME
PLACE OF BIRTH	14 PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY <b>KAISER FOUNDATION HOSPITAL</b>		15 STREET ADDRESS, STREET NUMBER, OR LOCALITY <b>9400 E ROSECRANS</b>				
	16 CITY <b>BELLFLOWER</b>		17 COUNTY <b>DOS ANGELES</b>		18 PLANNED PLACE OF BIRTH <b>HOSPITAL</b>		
FATHER OF CHILD	19 NAME OF FATHER — FIRST (GIVEN) <b>DAVID</b>	20 MIDDLE <b>-</b>	21 LAST (FAMILY) <b>SOLOMON</b>		22 STATE OF BIRTH <b>CA</b>	23 DATE OF BIRTH <b>05/25/1973</b>	
MOTHER OF CHILD	24 NAME OF MOTHER — FIRST (GIVEN) <b>NADYA</b>	25 MIDDLE <b>-</b>	26 LAST (FAMILY) <b>SULMAN</b>		27 STATE OF BIRTH <b>CA</b>	28 DATE OF BIRTH <b>07/11/1975</b>	
INFORMANT CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATE INFORMATION AND THAT IT IS CORRECT TO THE BEST OF MY KNOWLEDGE			29 SIGNATURE OF CERTIFIER <i>Maria Kpourey</i>	30 RELATIONSHIP TO CHILD <b>Mother</b>	31 DATE SIGNED <b>05/19/2001</b>	
CERTIFICATION OF BIRTH	I CERTIFY THAT THIS CHILD WAS BORN ALIVE ON THE DATE, HOUR AND PLACE STATED			32 SIGNATURE OF ATTENDANT <i>Maria Kpourey</i>	33 LICENSE NUMBER <b>A068832</b>	34 DATE SIGNED <b>05/18/2001</b>	
	35 THIRD NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>S LADELLA MD 9400 E ROSECRANS BELLFLOWER</b>			36 TYPE NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>MARIA KPOUREY RNC MGR</b>			
LOCAL REGISTRAR	37 DATE OF DEATH	38 STATEMENT NO.	16 LOCAL REGISTRAR SIGNATURE <i>Dean C Logan</i>		17 DATE ACCEPTED FOR REGISTRATION <b>S 07/30/2001</b>		

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FEB 18 2005

*Dean C Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk



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**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

**CERTIFICATE OF LIVE BIRTH**      **1200619109130**  
**STATE OF CALIFORNIA**

STATE FILE NUMBER      LOCAL DISTRICT AND CERTIFICATE NUMBER

USE BLACK INK ONLY

<b>THIS CHILD</b>	1A NAME OF CHILD — FIRST (GIVEN)	1B MIDDLE	1C LAST NAME	LOCAL DISTRICT AND CERTIFICATE NUMBER	
	<b>CALYSSA</b>	<b>ARIELLE</b>	<b>FOGHERON</b>		
<b>PLACE OF BIRTH</b>	2 SEX	3A THIS BIRTH SINGLE, TWIN, ETC	3B IF MULTIPLE, THIS CHILD'S ORDER OF BIRTH — BIRTH DATE	4B HOLD (SEE INSTRUCTIONS)	4C TIME (SEE INSTRUCTIONS)
	<b>FEMALE</b>	<b>TWIN</b>	<b>1ST</b> <b>10/01/2006</b>		<b>1533</b>
<b>PLACE OF BIRTH</b>	5A PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY	5B STREET ADDRESS	5C STREET NUMBER OR LOCATION	PLANNED PLACE OF BIRTH	
	<b>KAISER HOSPITAL; BALDWIN PARK</b>	<b>1011 BALDWIN PARK BLVD</b>		<b>HOSPITAL</b>	
<b>FATHER OF CHILD</b>	6A NAME OF FATHER — FIRST (GIVEN)	6B MIDDLE	6C LAST NAME	7 STATE OF BIRTH	8 DATE OF BIRTH
	-				
<b>MOTHER OF CHILD</b>	9A NAME OF MOTHER — FIRST (GIVEN)	9B MIDDLE	9C LAST NAME	10 STATE OF BIRTH	11 DATE OF BIRTH
	<b>NATALIE</b>		<b>SUTHERLAND</b>	<b>CA</b>	<b>07/11/1975</b>
<b>INFORMANT CERTIFICATION</b>	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A NAME OF GIVER INFORMANT — SIGNATURE	12B RELATIONSHIP TO CHILD	12C DATE SIGNED
			<i>[Signature]</i>	<b>MOTHER</b>	<b>10/04/2006</b>
<b>CERTIFICATION OF BIRTH</b>	I CERTIFY THAT THE CHILD WAS BORN ALIVE IN THE STATE OF CALIFORNIA (SEE INSTRUCTIONS — DEGREE OR TITLE OF THE DATE, HOUR AND PLACE STATED)		13A LICENSE NUMBER	13C DATE SIGNED	
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>LYN YAGUMURA, MD, 1011 BALDWIN PARK BLVD, BALDWIN PARK</b>		<b>G77631</b>	<b>10/04/2006</b>	
<b>LOCAL REGISTRAR</b>	15A DATE OF BIRTH	15B STATE OF BIRTH	16 LOCAL REGISTRAR — SIGNATURE	17 DATE ACCEPTED FOR REGISTRATION	
			<b>JONATHAN E FIELDING, MD</b>	<b>11/01/2006</b>	

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*Dean C Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk



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**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

**CERTIFICATE OF LIVE BIRTH**  
**STATE OF CALIFORNIA**

1200519039146

STATE FILE NUMBER		LOCAL REGISTRAR-DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF CHILD — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	
THIS CHILD <b>AIDAN</b>		<b>SOLOMON</b>	
2. SEX <b>MALE</b>	3A. THIS BIRTH (SINGLE, TWIN, ETC.) <b>SINGLE</b>	3B. IF MULTIPLE THIS CHILD (1ST, 2ND, ETC.)	4. DATE OF BIRTH — MM/DD/YY <b>04/06/2005</b>
5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY <b>KAISER FOUNDATION HOSPITAL</b>	5B. STREET ADDRESS — STREET NUMBER OR LOCATION <b>1011 BALDWIN PARK BL.</b>	5C. CITY <b>BALDWIN PARK</b>	5D. COUNTY <b>LOS ANGELES</b>
6A. NAME OF FATHER — FIRST (GIVEN) <b>DAVID</b>	6B. MIDDLE	6C. LAST (FAMILY) <b>SOLOMON</b>	7. STATE OF BIRTH <b>CA</b>
8A. NAME OF MOTHER — FIRST (GIVEN) <b>NADYA</b>	8B. MIDDLE	8C. LAST (FAMILY) <b>SULEYMAN</b>	9. STATE OF BIRTH <b>CA</b>
10. DATE OF BIRTH <b>06/25/1973</b>	11. DATE OF BIRTH <b>07/11/1975</b>	12A. PARENT OR OTHER INFORMANT — SIGNATURE <i>[Signature]</i>	12B. RELATIONSHIP TO CHILD <b>MOTHER</b>
13A. ATTENDANT OR CERTIFYING PHYSICIAN — SIGNATURE OR TITLE <i>[Signature]</i>	13B. LICENSE NUMBER <b>G76807</b>	13C. DATE SIGNED <b>04/09/2005</b>	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
15A. DATE OF DEATH	15B. STATE FILE NO. (STATE AND COUNTY)	15C. LOCAL REGISTRAR — SIGNATURE <b>THOMAS L. GARTHWAITE</b>	17. DATE ACCEPTED FOR REGISTRATION <b>05/04/2005</b>

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*Dean C Logan*  
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**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

**CERTIFICATE OF LIVE BIRTH**  
**STATE OF CALIFORNIA**

1200219075799

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF CHILD — FIRST (GIVEN)	1B MIDDLE	1C LAST (FAMILY)	
AMERAH	YASHEEN	SOLOMON	
2 SEX	3A THIS BIRTH SINGLE TWIN ETC	3B IF MULTIPLE THIS CHILD LIST IND. ETC	4A DATE OF BIRTH (MM/DD/YYYY)
FEMALE	SINGLE	-	06/30/2002
5A PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY		5B STREET ADDRESS — CITY AND ZIP CODE	
KAISER FOUNDATION HOSPITAL		1011 BALDWIN PARK BL.	
5C CITY	5D COUNTY	5E PLACED PLACE OF BIRTH	
BALDWIN PARK	LOS ANGELES	HOSPITAL	
6A NAME OF FATHER — FIRST (GIVEN)	6B MIDDLE	6C LAST (FAMILY)	8 DATE OF BIRTH
DAVID	-	SOLOMON	ISRAEL 05/25/1975
9A NAME OF MOTHER — FIRST (GIVEN)	9B MIDDLE	9C LAST (FAMILY)	10 STATE OF BIRTH
NADYA	-	SURESHAN	CA 07/11/1975
11 CERTIFY THAT I HAVE REVIEWED THE STATE INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A SIGNATURE OF OTHER INFORMATION — SIGNATURE	12B RELATIONSHIP TO CHILD	12C DATE SIGNED
		MOTHER	06/30/2002
13 CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE ATTENDANT'S CERTIFICATION — SIGNATURE — DATE, HOUR AND PLACE OF BIRTH	13A SIGNATURE OF ATTENDANT	13B LICENSE NUMBER	13C DATE SIGNED
		G071272	07/02/2002
13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
G. INGA SURINDER 1011 BALDWIN PARK BL BALDWIN PARK			
15A DATE OF DEATH	15B STATE FILE NO. (THIS FIELD IS FOR OFFICIAL USE ONLY)	16 LOCAL REGISTRAR SIGNATURE	17 DATE ACCEPTED FOR REGISTRATION
		THOMAS L GARTHWAITE	09/03/2002

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA

1200319086036

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF CHILD — FIRST (GIVEN)		1B MIDDLE	1C LAST (FAMILY)
THIS CHILD	JOSHUA	JACOB	SOLOMON
2 SEX	3A THIS BIRTH SINGLE TWIN, ETC.	3B IF MULTIPLE THIS CHILD 1ST, 2ND, ETC.	4A DATE OF BIRTH (MONTH DAY YEAR)
MALE	SINGLE	-	06/20/2003 0443
5A PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY	5B CITY		5C PLANNED PLACE OF BIRTH
KAISER FOUNDATION HOSPITAL	BALDWIN PARK		HOSPITAL
6A NAME OF FATHER — FIRST (GIVEN)	6B MIDDLE	6C LAST (FAMILY)	7 STATE OF BIRTH
FATHER OF CHILD	DAVID	SOLOMON	CA
8 DATE OF BIRTH	9A NAME OF MOTHER — FIRST (GIVEN)		9B MIDDLE
06/25/1975	NADYA		DEWISE
10 STATE OF BIRTH	10C LAST (FAMILY)		11 DATE OF BIRTH
CA	SULEMAN		07/11/1975
12A SIGNATURE OF INFORMANT	12B RELATIONSHIP TO CHILD		12C DATE SIGNED
	MOTHER		08/21/2003
13A SIGNATURE OF CERTIFIER	13B LICENSE NUMBER		13C DATE SIGNED
	A61692		08/23/2003
13D TYPED NAME, TITLE, AND MAILING ADDRESS OF ATTENDANT	14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
D. RAMOS MD 1011 BALDWIN PARK BL BALDWIN PARK	J. OUZOUNIAN MD		
15A DATE OF DEATH	15B STATE AND COUNTY	16 LOCAL REGISTRAR — SIGNATURE	17 DATE ACCEPTED FOR REGISTRATION
		THOMAS L. GARTHWAITTE	09/28/2003

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*Dean C Logan*  
DEAN C. LOGAN  
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