

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

1201619037369

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST AMADA	1B. MIDDLE LEE	1C. LAST GOSLING
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
		4A. DATE OF BIRTH - MM/DD/YYYY 04/29/2016	4B. HOUR - 24 HOUR CLOCK TIME 0803
PLACE OF BIRTH	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
	5C. CITY SANTA MONICA		5D. COUNTY LOS ANGELES
NAME OF PARENT	6A. NAME OF PARENT - FIRST RYAN	6B. MIDDLE THOMAS	6C. LAST - BIRTH NAME GOSLING
	7A. NAME OF PARENT - FIRST EVA	7B. MIDDLE DE LA CARIDAD	7C. LAST - BIRTH NAME MENDEZ
INFORMANT AND BIRTH CERTIFICATION	8. DATE OF BIRTH 11/12/1980		9. BIRTHPLACE - STATE/COUNTRY CANADA
	10. DATE OF BIRTH 03/05/1974		11. BIRTHPLACE - STATE/COUNTRY FL
	12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>[Redacted]</i>		12B. RELATIONSHIP TO CHILD GRANDMOTHER
	13A. ATTENDANT/CERTIFIER, SIGNATURE AND DEGREE OR TITLE <i>[Redacted]</i>		13B. LICENSE NUMBER G068399
13C. DATE SIGNED 05/03/2016		13D. DATE SIGNED 05/03/2016	
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT S ROSS, MD, 2001 SANTA MONICA BL, SANTA MONICA			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT R PRATAP RNC
15A. DATE OF DEATH - MM/DD/YYYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <i>[Redacted]</i>	
			17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 05/06/2016

This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

[Signature]
VF
Director of Public Health and Registrar



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DATE ISSUED
MAY - 9 2016

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

(P) (R) (B) (V) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

