

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

1 051997487983

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1.199719125889

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF CHILD — FIRST (GIVEN)		1C. LAST (FAMILY)	
2. SEX		3A. THIS BIRTH, SINGLE, TWIN, ETC.	
MALE		SINGLE	
3B. IF MULTIPLE THIS CHILD 1ST, 2ND, ETC.		4A. DATE OF BIRTH — MM/DD/YYYY	
		10/02/1997	
5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY		4B. HOUR — (24 HOUR CLOCK TIME)	
PROVIDENCE ST JOSEPH MED CTR		0753	
5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION		5C. COUNTY	
BURBANK		LOS ANGELES	
5D. PLANNED PLACE OF BIRTH		7. STATE OF BIRTH	
HOSPITAL		COLOMBIA	
8A. NAME OF FATHER — FIRST (GIVEN)		8. DATE OF BIRTH	
ROGELIO		09/03/1949	
8B. MIDDLE		10. STATE OF BIRTH	
D. J.		GUATEMALA	
8C. LAST (FAMILY)		11. DATE OF BIRTH	
BAENA		03/16/1961	
8A. NAME OF MOTHER — FIRST (GIVEN)		12A. RELATIONSHIP TO CHILD	
MILDRED		MOTHER	
8B. MIDDLE		12B. DATE SIGNED	
PATRICIA		10/07/1997	
8C. LAST (MAIDEN)		12C. LICENSE NUMBER	
PENA		11/05/1997	
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
[REDACTED]		[REDACTED]	
15A. DATE OF DEATH		17. DATE ACCEPTED FOR REGISTRATION	
		12/04/1997	

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

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

Jana Marie Fielding mo
VB

DATE ISSUED

MAY 18 2011

Director of Public Health and Registrar

