

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	
4B. HOUR — (24 HOUR CLOCK TIME)		5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY	
0753		PROVIDENCE ST JOSEPH MED CTR	
5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION		5C. CITY	
		BURBANK	
5D. COUNTY		5E. PLANNED PLACE OF BIRTH	
LOS ANGELES		HOSPITAL	
6A. NAME OF FATHER — FIRST (GIVEN)		6B. MIDDLE	
ROGELIO		D. J.	
6C. LAST (FAMILY)		7. STATE OF BIRTH	
BAENA		COLOMBIA	
8A. NAME OF MOTHER — FIRST (GIVEN)		8B. MIDDLE	
MILDRED		PATRICIA	
8C. LAST (MAIDEN)		9. DATE OF BIRTH	
PENA		03/16/1961	
10. STATE OF BIRTH		11. DATE OF BIRTH	
GUATEMALA		03/16/1961	
12A. RELATIONSHIP TO CHILD		12B. DATE SIGNED	
MED REC CLERK		10/07/1997	
12C. LICENSE NUMBER		13. DATE SIGNED	
		11/05/1997	
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
15. DATE OF DEATH		16. LOCAL REGISTRAR — SIGNATURE	
17. DATE ACCEPTED FOR REGISTRATION		12/04/1997	

NOT A VALID DOCUMENTARY
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



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