

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



STATE FILE NUMBER				
THIS CHILD	1A. NAME OF CHILD - FIRST ESMERALDA		1B. MIDDLE AMADA	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 09/12/2014
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 [REDACTED]	
	5C. CITY SANTA MONICA		5D. COUNTY LOS ANGELES	
FATHER PARENT	6A. NAME OF FATHER/PARENT - FIRST RYAN	6B. MIDDLE THOMAS	6C. LAST GOSLING	7. BIRTHPLACE - STATE/COUNTRY CANADA
MOTHER PARENT	8A. NAME OF MOTHER/PARENT - FIRST EVA	8B. MIDDLE DE LA CARIDAD	8C. LAST BIRTH NAME MENDEZ	9. BIRTHPLACE - STATE/COUNTRY FL
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 [REDACTED]	12B. RELATIONSHIP TO CHILD AUNT
	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER, SIGNATURE AND DEGREE OR TITLE [REDACTED]	13B. LICENSE NUMBER [REDACTED]
	12C. DATE SIGNED - MM/DD/YYYY 09/20/2014		13C. DATE SIGNED - MM/DD/YYYY 09/20/2014	
	12D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT [REDACTED]		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT BL, SANTA MONICA	
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/YYYY	15B. STATE FILE NO., STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE [REDACTED]	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 10/09/2014

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. It bears the Registrar's signature in purple ink.

[Signature]

OCT 09 2014
DATE ISSUED



100003805

Director of Public Health and Registrar

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

