

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

1052015419263

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201531007553

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST ADDISON		1B. MIDDLE RAY		1C. LAST KNOLL	
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -		4A. DATE OF BIRTH - MM/DD/CCYY 10/22/2015	4B. HOUR - 24 HOUR CLOCK TIME 1929
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY SUTTER ROSEVILLE MEDICAL CTR			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION ONE MEDICAL PLAZA		
	5C. CITY ROSEVILLE			5D. COUNTY PLACER		
FATHER PARENT	6A. NAME OF FATHER/PARENT - FIRST ERNEST		6B. MIDDLE RAY		6C. LAST KNOLL	
	7. BIRTHPLACE - STATE/COUNTRY WV		8. DATE OF BIRTH - MM/DD/CCYY 05/22/1953			
MOTHER PARENT	9A. NAME OF MOTHER/PARENT - FIRST LAURA		9B. MIDDLE CRISTINA		9C. LAST - BIRTH NAME QUINTERO	
	10. BIRTHPLACE - STATE/COUNTRY VENEZUELA		11. DATE OF BIRTH - MM/DD/CCYY 01/08/1984			
INFORMANT AND BIRTH CERTIFICATION	1. 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 <i>[Signature]</i>			12B. RELATIONSHIP TO CHILD MOTHER
	1. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i> LAURA CONNELL, B.C. CLERK			12C. DATE SIGNED - MM/DD/CCYY 10/24/2015
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT BLAKE LAMBOURNE, MD, 5 MEDICAL PLAZA #250, RSVL			13B. LICENSE NUMBER G83649		
				13C. DATE SIGNED - MM/DD/CCYY 10/24/2015		
LOCAL REGISTRATION	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT LAURA CONNELL, B.C. CLERK			15. LOCAL REGISTRAR - SIGNATURE ROBERT L. OLDHAM, M.D. <i>RA</i>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 12/03/2015
	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY			

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

JAMES GREENE MD MS

JAMES GREENE, MD, MS
STATE REGISTRAR OF VITAL RECORDS

FEB 27 2019

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the State Registrar.

CACDPH--01



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE