STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
SACRAMENTO, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

STATE BIRTH CERTIFICATE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

	1A. NAME OF CHILD—FIRST	1B. MIDDLE	1C. LAST
THIS CHILD	2. SEX — Female	3A. THIS BIRTH, SINGLE, TWIN, ETC. — Single	3B. IF MULTIPLE, THIS CHILD, 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR—(24 HOUR CLOCK TIME)

PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION)
	5C. CITY OR TOWN	5D. COUNTY

FATHER OF CHILD	6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH	8. AGE OF FATHER

MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST (BIRTH NAME)	10. STATE OF BIRTH	11. AGE OF MOTHER

PARENT'S CERTIFICATION	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	12B. RELATIONSHIP TO CHILD — *Father*	12C. DATE SIGNED

ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED
	14.	13D. TYPED NAME AND ADDRESS — Wm. Miller, M.D. – #1 Scripps Drive, Sacto. CA		

LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sacramento County Clerk/Recorder.

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DATE ISSUED: **OCT 0 6 2021**
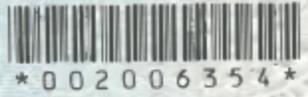
Donna Allred
DONNA ALLRED, COUNTY CLERK/RECORDER
SACRAMENTO COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk/Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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