

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

1201619110821
 LOCAL REGISTRATION NUMBER

STATE FILE NUMBER					
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1E. LAST NAME		
	PRINCE	OLIVER CRAIG	THOMPSON		
PLACE OF BIRTH	2. SEX	3A. THIS BIRTH SINGLE, TWIN, ETC.	3B. IF MULTIPLE THIS CHILD'S BIRTH DATE	4A. DATE OF BIRTH - MM/DD/YYYY	4B. HOUR - 24 HOUR CLOCK TIME
	MALE	SINGLE	-	12/12/2016	0842
NAME OF PARENT	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION			
	CEDARS SINAI MEDICAL CENTER	8700 BEVERLY BLVD.			
NAME OF PARENT	6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST NAME	7. BIRTHPLACE - STATE, COUNTRY	8. DATE OF BIRTH
	JORDAN	BRIANI	CRAIG	CA	07/21/1991
REGISTRAR AND BIRTH CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		10. SIGNATURE OF ATTENDANT - SIGNATURE		10B. RELATIONSHIP TO CHILD
					mother
LOCAL REGISTRAR	I CERTIFY THAT THE CHILD WAS BORN ON A DATE, HOUR AND PLACE STATED.		11. SIGNATURE OF REGISTRAR - SIGNATURE AND REGISTRATION TITLE		12. DATE SIGNED
					12/16/2016
LOCAL REGISTRAR	13. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		13B. LICENSE NUMBER		13C. DATE SIGNED
	THAIS ALIABADI, MD, 8631 W 3RD ST #1110-E, LOS ANGELES		A70290		12/16/2016
LOCAL REGISTRAR	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY		
	CHARLENE SANCHEZ, SUPVR.		12/19/2016		

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

Thais Aliabadi, MD
 Director of Public Health and Registrar



100010707

DEC 27 2016

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

PRNCO 02/11 10/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

