

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA **1200619039841**

STATE FILE NUMBER LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

USE BLACK INK ONLY

THIS CHILD	1A NAME OF CHILD — FIRST (GIVEN) SURI	1B MIDDLE	1C LAST (FAMILY) CROISE
	2 SEX FEMALE	3A US BIRTH SINGLE TWIN ETC SINGLE	3B IF MULTIPLE THIS CHILD 1ST, 2ND, 3RD
PLACE OF BIRTH	4A DATE OF BIRTH — MM/DD/YYYY 04/18/2006	4B HOUR — 6A HOUR (LOCAL TIME) 0328	
	5A PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY ST. JOHN'S HEALTH CENTER	5B STREET ADDRESS — STREET NUMBER OR SECTION 1328 22ND ST	5C CITY SANTA MONICA
FATHER OF CHILD	6A NAME OF FATHER — FIRST (GIVEN) THOMAS	6B MIDDLE	6C LAST (FAMILY) CROISE
	7 STATE OF BIRTH NY	8 DATE OF BIRTH 07/03/1962	
MOTHER OF CHILD	9A NAME OF MOTHER — FIRST (GIVEN) KATE	9B MIDDLE NOBLE	9C LAST (MAIDEN) HOLMES
	10 STATE OF BIRTH OH	11 DATE OF BIRTH 12/18/1978	
INFORMANT CERTIFICATION	12A PARENT OR OTHER INFORMANT — SIGNATURE <i>[Signature]</i>	12B RELATIONSHIP TO CHILD FRIEND	12C DATE SIGNED 05/04/2006
	13A ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE <i>[Signature]</i> A HEFFERNAN, RNC	13B LICENSE NUMBER G48079	13C DATE SIGNED 05/04/2006
CERTIFICATION OF BIRTH	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT A PHILLIPS, MD, 1301 20TH ST #270, SANTA MONICA		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT A HEFFERNAN, RNC
	15A DATE OF DEATH	15B STATE FILE NO. (STATE USE ONLY)	16 LOCAL REGISTRAR — SIGNATURE BRUCE A. CHERNOF, M.D. EL
LOCAL REGISTRAR			17 DATE ACCEPTED FOR REGISTRATION 05/08/2006

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk. **JUL 07 2006**

Conny B. McCormack
CONNY B. MCCORMACK
Registrar-Recorder/County Clerk

19-0293062

This copy not valid unless prepared on engraved border displaying Seal and Signature of the Registrar-Recorder County Clerk.

