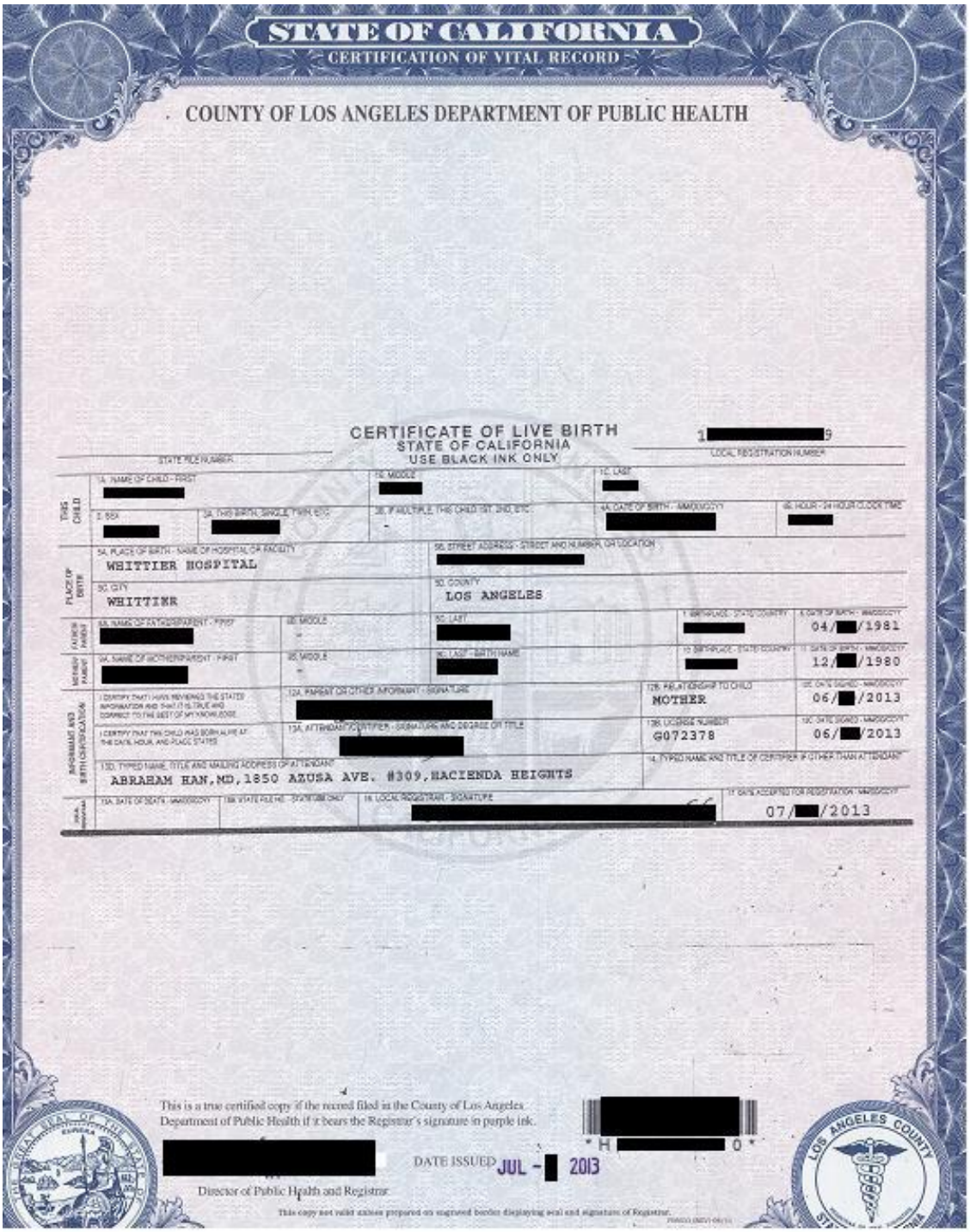
样图 12：子女出生证明



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

1[redacted]9

THIS CHILD

1A. NAME OF CHILD - FIRST [redacted]
1B. MIDDLE [redacted]
1C. LAST [redacted]
2. SEX [redacted]
3A. THIS BIRTH (SINGLE, TWIN, ETC.) [redacted]
3B. IF MULTIPLE, THIS CHILD BY: 2ND, ETC. -
4A. DATE OF BIRTH - MM/DD/CCYY [redacted]
4B. HOUR - 24 HOUR CLOCK TIME [redacted]

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY: WHITTIER HOSPITAL
5B. STREET ADDRESS - STREET AND NUMBER OR LOCATION [redacted]
5C. CITY: WHITTIER
5D. COUNTY: LOS ANGELES

FATHER PARENT

6A. NAME OF FATHER/PARENT - FIRST [redacted]
6B. MIDDLE -
6C. LAST [redacted]
7. BIRTHPLACE - STATE/COUNTRY [redacted]
8. DATE OF BIRTH - MM/DD/CCYY: 04/[redacted]/1981

MOTHER PARENT

9A. NAME OF MOTHER/PARENT - FIRST [redacted]
9B. MIDDLE -
9C. LAST - BIRTH NAME [redacted]
10. BIRTHPLACE - STATE/COUNTRY [redacted]
11. DATE OF BIRTH - MM/DD/CCYY: 12/[redacted]/1980

INFORMANT 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.
12A. INFORMANT OR OTHER INFORMANT - SIGNATURE [redacted]
12B. RELATIONSHIP TO CHILD: MOTHER
12C. DATE SIGNED - MM/DD/CCYY: 06/[redacted]/2013

I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.
13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE [redacted]
13B. LICENSE NUMBER: G072378
13C. DATE SIGNED - MM/DD/CCYY: 06/[redacted]/2013

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: ABRAHAM HAN,MD,1850 AZUSA AVE. #309,HACIENDA HEIGHTS
14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT

15A. DATE OF DEATH - MM/DD/CCYY
15B. STATE FILE NO. - SYSTEM USE ONLY
16. LOCAL REGISTRAR - SIGNATURE [redacted]
17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY: 07/[redacted]/2013

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.

[redacted]

H[redacted]0

[redacted]

DATE ISSUED JUL -[redacted] 2013

Director of Public Health and Registrar

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