

COUNTY OF ORANGE

SANTA ANA, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1 199730 032132

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

| | | | | | | |
|-------------------------|---|---|---|--|---------------------------------------|--|
| THIS CHILD | 1A. NAME OF CHILD — FIRST (GIVEN) JOSEUA | | 1B. MIDDLE EMNIO ZANDER | | 1C. LAST (FAMILY) BERNSTEIN | |
| | 2. SEX MALE | 3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE | 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -- | 4A. DATE OF BIRTH — MM/DD/YYYY 08/27/1997 | | 4B. HOUR — (24 HOUR CLOCK TIME) 1840 |
| PLACE OF BIRTH | 5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY HOAG MEMORIAL HOSPITAL | | | 5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION ONE HOAG DRIVE | | |
| | 5C. CITY NEWPORT BEACH | | | 5D. COUNTY ORANGE | | 5E. PLANNED PLACE OF BIRTH HOSPITAL |
| FATHER OF CHILD | 6A. NAME OF FATHER — FIRST (GIVEN) ELIOT | | 6B. MIDDLE IVAN | 6C. LAST (FAMILY) BERNSTEIN | | 7. STATE OF BIRTH IL |
| MOTHER OF CHILD | 9A. NAME OF MOTHER — FIRST (GIVEN) CANDICE | | 9B. MIDDLE MICHELLE | 9C. LAST (MAIDEN) STOMP | | 10. STATE OF BIRTH CA |
| INFORMANT CERTIFICATION | 12A. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. | | | 12B. PARENT OR OTHER INFORMANT — SIGNATURE <i>[Signature]</i> | | 12C. RELATIONSHIP TO CHILD MOTHER |
| | 13A. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED. | | | 13B. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE <i>Patricia Korber M.D.</i> | | 13C. LICENSE NUMBER G-59224 |
| CERTIFICATION OF BIRTH | 13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT P. KORBER, MD, 351 HOSPITAL RD., NB 92663 | | | 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT | | |
| | 15A. DATE OF DEATH | | | 15B. STATE FILE NO. (STATE USE ONLY) | | |
| LOCAL REGISTRAR | 16. LOCAL REGISTRAR — SIGNATURE <i>[Signature]</i> | | | 17. DATE ACCEPTED FOR REGISTRATION 09/09/1997 | | |

464275

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE

} SS

DATE ISSUED **MAR 19 1999**

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

GARY L. GRANVILLE, Clerk-Recorder
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFICATION OF BIRTH

NAME: JACOB NOAH ARCHIE BERNSTEIN

DATE OF BIRTH: 1/01/99 SEX: MALE

PLACE OF BIRTH: PALM BEACH COUNTY, FLORIDA

CERTIFICATE NUMBER: 109-99-005951

DATE FILED: 1/12/99 DATE ISSUED: 2/19/99

MOTHER'S MAIDEN NAME: CANDICE MICHELLE STOMP

FATHER'S NAME: ELIOT IVAN BERNSTEIN

This is to certify that this is a true abstract of the official record filed with this office.

By

Reenie Brown

State Registrar

WARNING:
3818496

DO NOT ACCEPT CERTIFIED COPIES UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND THE LETTERS FLA IN THE UPPER RIGHT AND LEFT CORNERS OF PAPER ON FRONT AND VERTICAL SECURITY LINES ON BACK. ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.

FLORIDA DEPARTMENT OF
HEALTH

STATE OF FLORIDA

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FLORIDA DEPARTMENT OF
HEALTH