

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

# COUNTY OF ORANGE

SANTA ANA, CALIFORNIA

STATE FILE NUMBER		CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN)	1B. MIDDLE		1C. LAST (FAMILY)		199730 032132		
	JOSEUA	ENNIO ZANDER		BERNSTEIN				
2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH — MM/DD/CCYY	4B. HOUR — (24 HOUR CLOCK TIME)				
MALE	SINGLE	-	08/27/1997	1840				
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION					
	HOAG MEMORIAL HOSPITAL		ONE HOAG DRIVE					
FATHER OF CHILD	5C. CITY	5D. COUNTY	5E. PLANNED PLACE OF BIRTH					
	NEWPORT BEACH	ORANGE	HOSPITAL					
MOTHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN)	6B. MIDDLE	6C. LAST (FAMILY)	7. STATE OF BIRTH	8. DATE OF BIRTH			
	ELIOT	IVAN	BERNSTEIN	IL	09/30/1963			
INFORMANT CERTIFICATION	9A. NAME OF MOTHER — FIRST (GIVEN)		9B. MIDDLE	9C. LAST (MAIDEN)	10. STATE OF BIRTH	11. DATE OF BIRTH		
	CANDICE		MICHAELLE	STOMP	CA	10/09/1972		
CERTIFICATION OF BIRTH	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	12C. DATE SIGNED		
			<i>Patricia Korber</i>		MOTHER	08/28/1997		
LOCAL REGISTRAR	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.		13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE		13B. LICENSE NUMBER	13C. DATE SIGNED		
			<i>Patricia Korber M.D.</i>		G-59224	08/29/1997		
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT					
	P. KORBER, MD, 351 HOSPITAL RD., NB 92663							
	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION				
			<i>AS Gollwitz, MD</i>	09/09/1997				

464275

STATE OF CALIFORNIA  
COUNTY OF ORANGE

} SS

DATE ISSUED MAR 19 1999

CERTIFIED COPY OF VITAL RECORDS

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

*Gary L. Granville*

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.

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## 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**

HRS Form 1563A (1-97)

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