

## 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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HRS Form 1563A (1-97)

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO  
GREGORY J. SMITH  
ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA

1200237040839

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD 0013	1A. NAME OF CHILD — FIRST (GIVEN) <b>DANIEL</b>		1B. MIDDLE <b>ELIJSHA ABE OTTOMO</b>	1C. LAST (FAMILY) <b>BERNSTEIN</b>	
	2. SEX <b>MALE</b>	3A. THIS BIRTH. SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	4A. DATE OF BIRTH — MM/DD/CCYY <b>11/26/2002</b>	4B. HOUR — (24 HOUR CLOCK TIME) <b>1708</b>
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY <b>POMERADO HOSPITAL</b>		5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION <b>15615 POMERADO RD.</b>		
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN) <b>ELIOT</b>	6B. MIDDLE <b>IVAN</b>	6C. LAST (FAMILY) <b>BERNSTEIN</b>	7. STATE OF BIRTH <b>IL</b>	8. DATE OF BIRTH <b>09/30/1963</b>
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) <b>CANDICE</b>	9B. MIDDLE <b>MICHELLE</b>	9C. LAST (MAIDEN) <b>STOMP</b>	10. STATE OF BIRTH <b>CA</b>	11. DATE OF BIRTH <b>10/09/1972</b>
INFORMANT CERTIFICATION	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 <i>CB</i>	12B. RELATIONSHIP TO CHILD <i>GR</i> <b>Parents</b>	12C. DATE SIGNED <b>11/27/2002</b>
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED		13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE <i>Colette M. Eastman DO</i>	13B. LICENSE NUMBER <b>20A4445</b>	13C. DATE SIGNED <b>29 Nov 02</b>
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATURE <b>NANCY L. BOWEN, MD</b>	17. DATE ACCEPTED FOR REGISTRATION <b>12/06/2002</b>	

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

*G. J. Smith*

Gregory J. Smith  
Assessor/Recorder/County Clerk

October 17, 2003

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk

  
\* 001132017 \*



MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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			
PLACE OF BIRTH	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			
FATHER OF CHILD	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION					
	HOAG MEMORIAL HOSPITAL		ONE HOAG DRIVE					
MOTHER OF CHILD	5C. CITY		5D. COUNTY		5E. PLANNED PLACE OF BIRTH			
	NEWPORT BEACH		ORANGE		HOSPITAL			
INFORMANT CERTIFICATION	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
CERTIFICATION OF BIRTH	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
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		
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		
LOCAL REGISTRAR	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.

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

