

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

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		USE BLACK INK ONLY		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD 0013	1A. NAME OF CHILD — FIRST (GIVEN) DANIEL		1B. MIDDLE ELIJSHA ABE OTTOMO	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/CCYY 11/26/2002	4B. HOUR — (24 HOUR CLOCK TIME) 1708
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY POMERADO HOSPITAL		5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION 15615 POMERADO RD.		
	5C. CITY POWAY		5D. COUNTY SAN DIEGO	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	8. DATE OF BIRTH 09/30/1963
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) CANDICE	9B. MIDDLE MICHELLE	9C. LAST (MAIDEN) STOMP	10. STATE OF BIRTH CA	11. DATE OF BIRTH 10/09/1972
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>[Signature]</i>		12B. RELATIONSHIP TO CHILD <i>Parents</i>
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 MD.</i>		13B. LICENSE NUMBER 20A4445
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT COLETTE EASTMAN, DO, 15706 POMERADO RD#110, POWAY			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATURE <i>[Signature]</i> NANCY L BOWEN, MD		17. DATE ACCEPTED FOR REGISTRATION 12/06/2002

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.

October 17, 2003

Gregory J. Smith
Assessor/Recorder/County Clerk

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



001132017



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