

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
CLERK-RECORDER

199730 032132

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)	
	MALE	JOSHUA	ENNIO ZANDER	BERNSTEIN	
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		
FATHER OF CHILD	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 08/27/1997	4B. HOUR — (24 HOUR CLOCK TIME) 1840
MOTHER OF CHILD	5C. CITY NEWPORT BEACH		5D. COUNTY ORANGE	5E. PLANNED PLACE OF BIRTH HOSPITAL	
INFORMANT CERTIFICATION	6A. NAME OF FATHER — FIRST (GIVEN) ELIOT		6B. MIDDLE IVAN	6C. LAST (FAMILY) BERNSTEIN	7. STATE OF BIRTH IL
CERTIFICATION OF BIRTH	9A. NAME OF MOTHER — FIRST (GIVEN) CANDICE		9B. MIDDLE MICHELLE	9C. LAST (MAIDEN) STOMP	8. DATE OF BIRTH 09/30/1963
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 Patricia Korber		12B. RELATIONSHIP TO CHILD MOTHER	12C. DATE SIGNED 08/28/1997
I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.		13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE Patricia Korber M.D.		13B. LICENSE NUMBER G-59224	13C. DATE SIGNED 08/29/1997
LOCAL REGISTRAR	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)	16. LOCAL REGISTRAR — SIGNATURE Lisa Galloway, RD, DNP	17. DATE ACCEPTED FOR REGISTRATION 09/09/1997	



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STATE OF CALIFORNIA
COUNTY OF ORANGE

CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED

DEC 13 2010

Tor Daly
TOM DALY
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

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ABN (REV 5/09)

