

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
CLERK-RECORDER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

199730 032132

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	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)
	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	6E. 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	MICHELLE	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 CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.		Patricia Korber M.D.	MOTHER 08/28/1997
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE		
	P. KORBER, MD, 351 HOSPITAL RD., NB 92663	13B. LICENSE NUMBER 13C. DATE SIGNED		
	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION
			153 Willow Rd. Dr. Tom Daly	09/09/1997



CERTIFIED COPY OF VITAL RECORDS

SS

DATE ISSUED

DEC 13 2010

TOM DALY
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

STATE OF CALIFORNIA
COUNTY OF ORANGE

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ABN (REV 5/09)

