

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**

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FLORIDA DEPARTMENT OF  
**HEALTH**

