STAVUD DE CAMPORDENTA

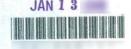
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

		STATE	OF CALIFORNIA	13			
STATE FILE NUMBER ,					CAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
THIS	1a. NAME OF CHILD — FIRST (GIVEN) 1B. MIDDI Damian		一角 多大	Jones			
	2. SEX 3A. THIS BIRTH, SINGLE, T	WIN, ETC. 98 F NAUTIPLE, THIS CHALD	IST, 2ND, 4A. DATE OF BIRTH —	MANODICCYY	4B. HOUR (24 HOUR C	CLOCK TIME)	
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY		SB. STREET ADDRESS — STREET, NAMER, OR LOCATION				
	SC. CITY		5D. COUNTY		5E. PLANNED PLACE OF BIRTH HOSPITAL		
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN)	6B. MIDOLE	BC. LAST (FAMILY)		7. STATE OF BIRTH	8. DATE OF BIRTH	
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN)	98. MIDOLE	9C. LAST (MAJOEM)		10. STATE OF BIRTH	11. DATE OF BIRTH	
INFORMANT CERTIFI- CATION	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 INFO	PRIMANT — SKINATURE	12B. RE	LATIONSHIP TO CHILD	12C. DATE SIGNED	
CERTIFI- CATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.		ER — SIGNATURE — DEGREE OR TITLE 138. L		ICENSE NUMBER 13C, DATE SIGNED		
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT						
LOCAL	15A. DATE OF DEATH 15B. STATE	FILE NO. 18. LOCAL RE	GISTRAR) — SIGNATURE	1	17. DATE ACCEPTE	ED FOR REGISTRATION	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

DEAN C. LOGAN
Registrar-Recorder/County Clerk



This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.