

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201819034516

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST HART		1B. MIDDLE KERR		1C. LAST SPIEGEL	
	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 05/07/2018	4B. HOUR - 24 HOUR CLOCK TIME 2353
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY CEDARS SINAI MEDICAL CENTER			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 8700 BEVERLY BLVD.		
	5C. CITY LOS ANGELES			5D. COUNTY LOS ANGELES		
NAME OF PARENT	6A. NAME OF PARENT - FIRST EVAN		6B. MIDDLE THOMAS		6C. LAST - BIRTHNAME SPIEGEL	
	7A. NAME OF PARENT - FIRST MIRANDA		7B. MIDDLE MAY		7C. LAST - BIRTHNAME KERR	
INFORMANT AND BIRTH CERTIFICATION	8. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		12A. ATTENDANT OR OTHER INFORMANT - SIGNATURE [Redacted]		10. <input checked="" type="checkbox"/> MOTHER, BIRTHPLACE - STATE, COUNTRY <input checked="" type="checkbox"/> FATHER, CA <input type="checkbox"/> FATHER, AUSTRALIA <input type="checkbox"/> PARENT	
	9. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		12B. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE [Redacted]		11. DATE OF BIRTH 06/04/1990	
	100. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT ROBERT KATZ, MD, 8920 WILSHIRE BL #511, BEVERLY HILLS		12C. RELATIONSHIP TO CHILD Father		12. DATE SIGNED 05/08/2018	
	101. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT CHARLENE SANCHEZ, SUPVR.		13. LICENSE NUMBER G061657		13. DATE SIGNED 05/08/2018	
LOCAL REGISTRATION	14. DATE OF DEATH - MM/DD/YYYY		15. STATE FILE NO. - STATE OF CALIF.		16. LOCAL REGISTRAR - SIGNATURE [Redacted]	
					17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 05/09/2018	

This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



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DATE ISSUED

Jeffrey D. Spelman MD
Director of Public Health and Registrar

MAY 10 2018

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PHS/CO 05/10/18

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

