

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

SANTA BARBARA, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1200842001026

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST	
FRANCES	QUINN	HUNTER	
2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY
FEMALE	SINGLE		03/27/2008
5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION	4B. HOUR - 24 HOUR CLOCK TIME	
COTTAGE HOSPITAL	PUEBLO AT BATH STREET	0900	
5C. CITY	5D. COUNTY		
SANTA BARBARA	SANTA BARBARA		
6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST	7. BIRTHPLACE - STATE/COUNTRY
			FL
8A. NAME OF MOTHER/PARENT - FIRST	8B. MIDDLE	8C. LAST - BIRTH NAME	10. BIRTHPLACE - STATE/COUNTRY
RIELLE	JAVA JAMES	DRUCK	FL
12A. CERTIFY THAT I HAVE REVIEWED THE STATE INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12B. RELATIONSHIP TO CHILD	11. DATE OF BIRTH - MM/DD/CCYY
		MOTHER	03/20/1964
13A. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13B. LICENSE NUMBER	12C. DATE SIGNED - MM/DD/CCYY
		G-32295	03/02/2008
13C. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
JOHN VANDERHELDE, MD, 515 W PUEBLO, SANTA BARBARA		D. Panzarella, HIM Manager	
15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
		ELLIOT SCHULMAN, M.D.	03/04/2008

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

SS

DATE ISSUED

JUL 30 2008



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This is a true and exact reproduction of the document officially registered and placed on file in the office of the SANTA BARBARA COUNTY CLERK, RECORDER and ASSESSOR.

JOSEPH E. HOLLAND
COUNTY CLERK, RECORDER and ASSESSOR
SANTA BARBARA, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk, Recorder and Assessor.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE