

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILD -- FIRST (GIVEN) PARIS-MICHAEL	1B. MIDDLE KATHERINE	1C. LAST (FAMILY) JACKSON
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	4A. DATE OF BIRTH -- MM/DD/YYYY 04/03/98
PLACE OF BIRTH	5A. PLACE OF BIRTH -- NAME OF HOSPITAL OR FACILITY SPAULDING PAIN MEDICAL CLINIC	5B. STREET ADDRESS -- STREET NUMBER OR LOCATION 120 SOUTH SPAULDING DRIVE	
	9C. CITY BEVERLY HILLS	9D. COUNTY LOS ANGELES	5E. PLANNED PLACE OF BIRTH SPAULDING PAIN CLINIC
FATHER OF CHILD	6A. NAME OF FATHER -- FIRST (GIVEN) MICHAEL	6B. MIDDLE JOSEPH	6C. LAST (FAMILY) JACKSON
MOTHER OF CHILD	9A. NAME OF MOTHER -- FIRST (GIVEN) DEBORAH	9B. MIDDLE JEAN	9C. LAST (MAIDEN) ROWE
PARENT'S CERTIFICATION	12A. PARENT OR OTHER INFORMANT -- SIGNATURE <i>Paris Jackson</i>		12B. RELATIONSHIP TO CHILD MOTHER
	12C. DATE SIGNED 04/27/98		13B. LICENSE NUMBER C32748
CERTIFICATION OF BIRTH	13A. ATTENDANT OR CERTIFIER -- SIGNATURE -- DEGREE OR TITLE <i>Paul H. Crane MD</i>		13C. DATE SIGNED 04/27/98
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT PAUL H. CRANE, MD		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR -- SIGNATURE <i>Mark [Signature]</i>
			17. DATE ACCEPTED FOR REGISTRATION 04/30/1998



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

Jones [Signature]
VE

Director of Health Services and Registrar

DATE ISSUED **JUN 30 2009**

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



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DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
THIS CHILD	1A. NAME OF CHILD --- FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		
	MICHAEL		JOSEPH		JACKSON JR		
	2. SEX	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)		
	MALE	SINGLE		02/13/1997	0117		
PLACE OF BIRTH	5A. PLACE OF BIRTH --- NAME OF HOSPITAL OR FACILITY			5B. STREET ADDRESS --- STREET NUMBER, OR LOCATION			
	CEDARS SINAI MEDICAL CENTER			8700 BEVERLY BLVD.			
	5C. CITY	5D. COUNTY		5E. PLANNED PLACE OF BIRTH			
	LOS ANGELES		LOS ANGELES		HOSPITAL		
FATHER OF CHILD	6A. NAME OF FATHER --- FIRST (GIVEN)	6B. MIDDLE	6C. LAST (FAMILY)		7. STATE OF BIRTH	8. DATE OF BIRTH	
	MICHAEL	JOSEPH	JACKSON		IN	08/29/1958	
MOTHER OF CHILD	9A. NAME OF MOTHER --- FIRST (GIVEN)	9B. MIDDLE	9C. LAST (MAIDEN)		10. STATE OF BIRTH	11. DATE OF BIRTH	
	DEBORAH	JEANNE	ROWE		WA	12/06/1958	
PARENT'S CERTIFICATION	12A. PARENT OR OTHER INFORMANT --- SIGNATURE		12B. RELATIONSHIP TO CHILD		12C. DATE SIGNED		
	<i>Michael Jackson</i>		FATHER		02/18/1997		
CERTIFICATION OF BIRTH	13A. ATTENDANT OR CERTIFIER --- SIGNATURE -- DEGREE OR TITLE		13B. LICENSE NUMBER		13C. DATE SIGNED		
	<i>Paul W. Rowe</i>		C32748		2/17/97		
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT			
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	15. LOCAL REGISTRAR --- SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION		
			<i>Mark S. ... RW</i>		02/19/1997		



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Jonathan E. Fielding
VE

DATE ISSUED JUN 30 2009

Director of Health Services and Registrar

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