

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

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

CHILD	1A. NAME OF CHILD - FIRST RHODES		1B. MIDDLE ROBERT		1C. LAST HEDLUND	
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -		4A. DATE OF BIRTH - MM/DD/CCYY 12/27/2020	4B. HOUR - 24 HOUR CLOCK TIME 1707
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		
PARENT	6A. NAME OF PARENT - FIRST GARRETT		6B. MIDDLE JOHN		6C. LAST - BIRTH NAME HEDLUND	
	9A. NAME OF PARENT - FIRST EMMA		9B. MIDDLE		9C. LAST - BIRTH NAME ROBERTS	
INFORMANT AND BIRTH CERTIFICATION	8. DATE OF BIRTH 09/03/1984		7. BIRTHPLACE - STATE/COUNTRY MN		6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
	11. DATE OF BIRTH 02/10/1991		10. BIRTHPLACE - STATE/COUNTRY NY		9D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
	12C. DATE SIGNED 12/28/2020		12B. RELATIONSHIP TO CHILD BIRTH CLERK		12A. PARENT OR OTHER INFORMANT - SIGNATURE PERCIVAL GARCIA	
	13C. DATE SIGNED 12/28/2020		13B. LICENSE NUMBER A70290		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE ELIZABETH ZAVALA, BIRTH CLERK	
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT THAIS ALIABADI, MD			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT ELIZABETH ZAVALA, BIRTH CLERK			
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE MUNTU DAVIS MD	
					17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 12/28/2020	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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

Muntu Davis MD
VC
DATE ISSUED

Health Officer and Registrar

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



JAN 19 2021



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