STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
SACRAMENTO, CALIFORNIA

STATE FILE NUMBER 54-240775

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 3400 1503

THIS CHILD

1a. NAME OF CHILD—FIRST NAME: CHRISTOPHER
1b. MIDDLE NAME: ALLEN
1c. LAST NAME: [redacted]
2. SEX: Male
3a. TWIN, TRIPLET, ETC.: Single
3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?:
4a. DATE OF BIRTH—MONTH, DAY, YEAR: November 13, 1954
4b. HOUR: 6:30 A. M.

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL:
5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER):
5c. CITY OR TOWN: Sacramento
5d. COUNTY: Sacramento

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME: ROSE
6b. MIDDLE NAME: MARIE
6c. LAST NAME: [redacted]
7. COLOR OR RACE OF MOTHER: Caucasian
8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 21 YEARS
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New York
10. MAILING ADDRESS OF MOTHER—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP CODE:

USUAL RESIDENCE OF MOTHER

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (INCLUDE NUMBER OR LOCATION):
11b. IF INSIDE CORPORATE LIMITS, CHECK HERE:
11c. IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE: ON A FARM / NOT ON A FARM
11d. CITY OR TOWN (WITHIN CITY LIMITS?): Sacramento
11e. COUNTY: Sacramento
11f. STATE: California

FATHER OF CHILD

12a. NAME OF FATHER—FIRST NAME: WILLIAM
12b. MIDDLE NAME: SPENCER
12c. LAST NAME: [redacted]
13. COLOR OR RACE OF FATHER: Caucasian
14. AGE OF FATHER (AT TIME OF THIS BIRTH): 32 YEARS
15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ohio
16a. PRESENT OR LAST OCCUPATION: Cater and oven Maintainer
16b. KIND OF INDUSTRY OR BUSINESS: Libby, McNeil & Libby

INFORMANT'S CERTIFICATION

I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
17a. PARENT OR OTHER INFORMANT—SIGNATURE (FIRST, MIDDLE, LAST): Rose Marie Fulkerson
17b. DATE SIGNED BY INFORMANT: - - ----

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.
18a. PHYSICIAN (OTHER PERSON MADE CERTIFICATION)—SIGNATURE, DEGREE OR TITLE: [signature]
18b. ADDRESS: Rural Sacramento

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT:
20. LOCAL REGISTRAR—SIGNATURE: H. O. Church, M.D.
21. DATE RECEIVED BY LOCAL REGISTRAR: November 18, 1954

ACCEPTED FOR VALUE AND HOLDER IN DUE COURSE
EXEMPT FROM LEVY
For my remedy, Release of the Proceeds, Products,
Accounts, and fixtures in the Order(s) to Me
immediately in the Accordance with the Public Policy,
HJR-192, UCC 10-104 and UCC 1-104
Exemption ID # _____ Date: _____
UCC Contract Trust Acct. # _____
Value: $ _____
/s/ _____

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

00110297 4

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SACRAMENTO COUNTY CLERK-RECORDER.

DATE ISSUED: APR 27 2009

FREDERICK B. GARCIA, CLERK RECORDER
SACRAMENTO COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE