

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

104-

94-308031

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

19407006496

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST (GIVEN) <b>KYLE</b>		1B. MIDDLE <b>NATHANIEL</b>		1C. LAST (FAMILY) <b>JACOBSON</b>	
	2. SEX <b>MALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST 2ND, ETC. <b>-</b>	4A. DATE OF BIRTH—MONTH, DAY, YEAR <b>08/12/1994</b>		4B. HOUR—24 HOUR CLOCK TIME. <b>2110</b>
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY <b>KAISER FOUNDATION HOSPITAL</b>			5B. STREET ADDRESS—STREET NUMBER, OR LOCATION <b>1425 SOUTH MAIN ST.</b>		
	5C. CITY <b>WALNUT CREEK</b>		5D. COUNTY <b>CONTRA COSTA</b>		5E. PLANNED PLACE OF BIRTH <b>HOSPITAL</b>	
FATHER OF CHILD	6A. NAME OF FATHER—FIRST (GIVEN) <b>DAVID</b>		6B. MIDDLE <b>ROBERT</b>		6C. LAST (FAMILY) <b>JACOBSON, JR.</b>	
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST (GIVEN) <b>VIRGINIA</b>		9B. MIDDLE <b>HELEN</b>		9C. LAST (MAIDEN) <b>DAVIS</b>	
PARENT'S CERTIFICATION	1. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A. PARENT OR OTHER INFORMANT—SIGNATURE <i>Virginia Jacobson</i>		12B. RELATIONSHIP TO CHILD <b>MOTHER</b>	
	12C. DATE SIGNED <b>08/13/94</b>					
CERTIFICATION OF BIRTH	1. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED		13A. ATTENDANT OR CERTIFIER—SIGNATURE—DEGREE OR TITLE <i>Debbie Cox CNM</i>		13B. LICENSE NUMBER <b>834</b>	
	13C. DATE SIGNED <b>08/13/94</b>		13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>D COX, CNM, 1425 SOUTH MAIN, WALNUT CREEK</b>		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>-</b>	
LOCAL REGISTRAR	15A. DATE OF DEATH		15B. STATE FILE NO. (STATE USE ONLY)		16. LOCAL REGISTRAR—SIGNATURE <i>Wanda Summer ND</i>	
					17. DATE ACCEPTED FOR REGISTRATION <b>09/02/1994</b>	

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

*Michael L. Rodrian*  
MICHAEL L. RODRIAN

STATE REGISTRAR OF VITAL RECORDS

06 JAN 31 AM 10:56

DATE ISSUED



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STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

104- 91-557025 CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY 1-91-01 020434

1A. NAME OF CHILD—FIRST GIVEN <b>TREVOR</b>		1B. MIDDLE <b>BRENT</b>		1C. LAST (FAMILY) <b>JACOBSON</b>	
2. SEX <b>Male</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>Single</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. <b>--</b>	4A. DATE OF BIRTH—MONTH, DAY, YEAR <b>December 26, 1991</b>		4B. HOUR—24 HOUR CLOCK TIME <b>0537</b>
5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY <b>Washington Birthing Center</b>			5B. STREET ADDRESS—STREET, NUMBER, OR LOCATION <b>2299 Mowry Ave</b>		
5C. CITY <b>Fremont</b>		5D. COUNTY <b>Alameda</b>		5E. PLANNED PLACE OF BIRTH <b>Birth Center</b>	
6A. NAME OF FATHER—FIRST GIVEN <b>David</b>	6B. MIDDLE <b>Robert</b>		6C. LAST (FAMILY) <b>Jacobson</b>		7. STATE OF BIRTH <b>CT</b>
8. DATE OF BIRTH <b>7/28/58</b>		9A. NAME OF MOTHER—FIRST GIVEN <b>Virginia</b>		9B. MIDDLE <b>Helen</b>	9C. LAST (MAIDEN) <b>Davis</b>
10. STATE OF BIRTH <b>AZ</b>		11. DATE OF BIRTH <b>12/26/61</b>		12. RELATIONSHIP TO CHILD <b>Father</b>	
12C. DATE SIGNED <b>12/26/91</b>		13A. ATTENDANT OR CERTIFIER—SIGNATURE—DEGREE OR TITLE <i>Shirley Sling Clay, M.D.</i>		13B. LICENSE NUMBER <b>C 041712</b>	
13C. DATE SIGNED <b>12/26/91</b>		13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>S. Chang, MD 2147 Mowry Ave, A-2, Fremont, CA 94536</b>		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>--</b>	
15A. DATE OF DEATH		15B. STATE FILE NO. *STATE USE ONLY*		15C. LOCAL REGISTRAR SIGNATURE <i>[Signature]</i>	
16. LOCAL REGISTRAR <b>you</b>		17. DATE ACCEPTED FOR REGISTRATION <b>JAN 16 1992</b>			

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*Michael L. Rodrian*

MICHAEL L. RODRIAN  
STATE REGISTRAR OF VITAL RECORDS

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