

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

1201619099111

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		
THIS CHILD	1A. NAME OF CHILD - FIRST DREAM	1B. MIDDLE RENEE	1C. LAST KARDASHIAN	
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD - 1ST, 2ND, ETC. -	
PLACE OF BIRTH	4A. DATE OF BIRTH - MM/DD/CCYY 11/10/2016	4B. HOUR - 24 HOUR CLOCK TIME 0919		
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY CEDARS SINAI MEDICAL CENTER	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 8700 BEVERLY BLVD		
NAME OF PARENT	5C. CITY LOS ANGELES	6D. COUNTY LOS ANGELES		
	6A. NAME OF PARENT - FIRST ROBERT	6B. MIDDLE ARTHUR	6C. LAST - BIRTH NAME KARDASHIAN	
NAME OF PARENT	6D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTHPLACE - STATE COUNTRY CA	8. DATE OF BIRTH 03/17/1987	
	9A. NAME OF PARENT - FIRST ANGELA	9B. MIDDLE RENEE	9C. LAST - BIRTH NAME WHITE	
INFORMANT AND BIRTH CERTIFICATION	10. BIRTHPLACE - STATE COUNTRY DC	11. DATE OF BIRTH 05/11/1988		
	1. I 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 [Redacted]	12B. RELATIONSHIP TO CHILD Parents	12C. DATE SIGNED 11/10/2016
LOCAL REGISTRAR	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE [Redacted]	13B. LICENSE NUMBER C32748	13C. DATE SIGNED 11/10/2016
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT PAUL CRANE, MD, [Redacted]	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT CHARLENE SANCHEZ, SUPVR.		
15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE [Redacted]	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 11/14/2016	

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.

Judy D. Spilhaus, MD
VB
Director of Public Health and Registrar



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

PHNCO (REV) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

