

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK  
CERTIFIED ABSTRACT OF BIRTH



NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

SEX: FEMALE

COUNTY OF BIRTH: LOS ANGELES

BIRTH NAME OF MOTHER: [REDACTED]

NAME OF FATHER: [REDACTED]

DATE FILED: [REDACTED]

DATE ISSUED: [REDACTED]

LOCAL REGISTRATION NUMBER: [REDACTED]

This certified document is a true  
abstract of the official record  
filed with the Registrar-Recorder

BEATRIZ VALDEZ  
REGISTRAR-RECORDER/COUNTY CLERK

[REDACTED]

