

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

OFFICE OF
THE STATE REGISTRAR
OF VITAL STATISTICS

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THE PROVISIONS OF THE STATE HEALTH
CARE ACT AND THE HEALTH CARE SERVICES
REGULATIONS THEREUNDER.

Mark L. Schulte

MARK L. SCHULTE
STATE REGISTRAR

AUGUST 22, 1983

104 - 77-102012		CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA		0190-028903	
STATE BIRTH CERTIFICATE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
THIS CHILD	1A. NAME OF CHILD—FIRST Gianna	1B. MIDDLE Gail	1C. LAST Ostrander		
	2. SEX Female	3A. THIS BIRTH, SINGLE, TWIN, 1ST, 2ND, ETC. Single	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR April 6, 1977	4B. HOUR—(24 HOUR CLOCK TIME) 6:00 A.M.
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY ----		5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION) ----		
	5C. CITY OR TOWN Los Angeles		5D. COUNTY Los Angeles		
FATHER OF CHILD	6A. NAME OF FATHER—FIRST Peter	6B. MIDDLE Harold	6C. LAST Ostrander		7. STATE OF BIRTH IL
MOTHER OF CHILD	8A. NAME OF MOTHER—FIRST Diana	8B. MIDDLE Marie	8C. LAST (BIRTH NAME) Smith		8. AGE OF FATHER 40
PARENT'S CERTIFICATION	9. 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 Diana M. Ostrander		12B. RELATIONSHIP TO CHILD Mother
	10. I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED		13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE Edward C. Allrad, M.D.		13B. LICENSE NUMBER G13516
ATTENDANT'S CERTIFICATION	14.	13D. TYPED NAME AND ADDRESS Los Angeles, CA		13C. DATE SIGNED 4-6-77	
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH		16. LOCAL REGISTRAR—SIGNATURE Liston A. Witherill		17. DATE ACCEPTED FOR REGISTRATION 4-13-77