

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1200919088395
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1A NAME OF CHILD - FIRST	1B MIDDLE	1C LAST	
SPARROW JAMES	MIDNIGHT	MADDEN	
2 SEX	3A THIS BIRTH SINGLE, TWIN, ETC.	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	
MALE	SINGLE		
5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		4A DATE OF BIRTH - MM/DD/YYYY	4B HOUR - 24 HOUR CLOCK/TIME
CEDARS SINAI MEDICAL CENTER		09/09/2009	0437
5B STREET ADDRESS - STREET AND NUMBER OR LOCATION		5C COUNTY	
8700 BEVERLY BLVD.		LOS ANGELES	
6A NAME OF FATHER/PARENT - FIRST	6B MIDDLE	6C LAST	7 BIRTHPLACE - STATE/COUNTRY
JOEL	RYAN	MADDEN	MD
8A NAME OF MOTHER/PARENT - FIRST	8B MIDDLE	8C LAST - BIRTH NAME	9 BIRTHPLACE - STATE/COUNTRY
NICOLE	CAMILLE	RICHIE	CA
10 CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A PARENT OR GUARDIAN SIGNATURE	12B RELATIONSHIP TO CHILD
		<i>[Signature]</i>	Mother
10 CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED		13A ATTENDANT (PHYSICIAN, MIDWIFE, AND DEGREE/TITLE)	12C DATE SIGNED - MM/DD/YYYY
		R KATZ, MD, 8920 WILSHIRE BLVD, BEVERLY HILLS	09/10/2009
13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		13B LICENSE NUMBER	13C DATE SIGNED - MM/DD/YYYY
R KATZ, MD, 8920 WILSHIRE BLVD, BEVERLY HILLS		G061657	09/16/2009
14A DATE OF BIRTH - MM/DD/YYYY	14B STATE FILE NO. - 0000000000	14C LOCAL REGISTRAR - SIGNATURE	14D DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY
		JONATHAN R. FIELDING, MD SS	09/29/2009



This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Jonathan R. Fielding MD
VB
Director of Health Services and Registrar

DATE ISSUED OCT 15 2009



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