STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

County of San Bernardino

DIVISION OF VITAL RECORDS

222 WEST HOSPITALITY LANE, SAN BERNARDINO, CALIFORNIA 92415-0022

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE BIRTH CERTIFICATE NUMBER: 3600

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 167 BOOK 493 PAGE 415

THIS CHILD

1A. NAME OF CHILD—FIRST NAME: RUBEN

1B. MIDDLE NAME:

1C. LAST NAME: GALAVIZ

2. SEX: MALE

3A. THIS BIRTH. SINGLE. TWIN. OR TRIPLET?: SINGLE

3B. IF TWIN OR TRIPLET. THIS CHILD BORN 1ST. 2ND. 3RD?:

4A. DATE OF BIRTH—MONTH. DAY. YEAR: JANUARY 12, 1970

4B. HOUR: 2:54 A M

PLACE OF BIRTH

5A. PLACE OF BIRTH—NAME OF HOSPITAL: 479 TACTICAL HOSPITAL

5B. STREET ADDRESS (STREET. AND NUMBER. OR LOCATION): GEORGE AFB

5C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): NO

5D. CITY OR TOWN: VICTORVILLE

5E. COUNTY: SAN BERNARDINO

MOTHER OF CHILD

6A. MAIDEN NAME OF MOTHER—FIRST NAME: MARTA

6B. MIDDLE NAME:

6C. LAST NAME (MAIDEN SURNAME): RAMIREZ

7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): CALIFORNIA

8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 22 YEARS

9. COLOR OR RACE OF MOTHER: CAUCASIAN

10A. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER. RURAL ADDRESS. OR LOCATION): 447 MONTANA

10B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): NO

10C. RESIDENCE OF MOTHER—CITY OR TOWN: VICTORVILLE

10D. RESIDENCE OF MOTHER—COUNTY: SAN BERNARDINO

10E. RESIDENCE OF MOTHER—STATE: CALIFORNIA

FATHER OF CHILD

11A. NAME OF FATHER—FIRST NAME: ADOLFO

11B. MIDDLE NAME: EDUARDO

11C. LAST NAME: GALAVIZ

12. BIRTHPLACE (STATE OR FOREIGN COUNTRY): JUAREZ, MEXICO

13. AGE OF FATHER (AT TIME OF THIS BIRTH): 29 YEARS

14. COLOR OR RACE OF FATHER: CAUCASIAN

15A. PRESENT OR LAST OCCUPATION: SSGT

15B. KIND OF INDUSTRY OR BUSINESS: AIR FORCE

INFORMANT'S CERTIFICATION

I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE-STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

16A. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT. SPECIFY): Adolfo E. Galaviz

16B. DATE REVIEWED AND SIGNED BY INFORMANT: JANUARY 19, 1970

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR. DATE AND PLACE STATED ABOVE

17A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE: Richard D. Hunter, MD

17B. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT: JANUARY 19, 1970

17C. ADDRESS: 479 TAC HOSPITAL, GEORGE AFB, CALIF

17D. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: C28262

LOCAL REGISTRAR

18.

19. LOCAL REGISTRAR—SIGNATURE: ME Copland, MD

20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: 1-30-70

PREVIOUS DELIVERIES TO | 21A. HOW MANY OTHER CHILDREN | 21B. HOW MANY ARE STILL LIVING | 21C.

522448

MAR 16 1999

Larry Walker

LARRY WALKER
Auditor-Recorder

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MIDWEST BANK NOTE COMPANY