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**CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY**

1-92-61 003790

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
THIS CHILD	1A. NAME OF CHILD—FIRST (GIVEN) KRISTOFER		1B. MIDDLE JOHN MARTIN		1C. LAST (FAMILY) HOLMQUIST
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	4A. DATE OF BIRTH—MONTH, DAY, YEAR DECEMBER 18, 1992	4B. HOUR—(24 HOUR CLOCK TIME) 0607
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY ALTA BATES MEDICAL CENTER		5B. STREET ADDRESS—STREET, NUMBER, OR LOCATION 2450 ASHBY AVENUE		
	5C. CITY BERKELEY		5D. COUNTY ALAMEDA	5E. PLANNED PLACE OF BIRTH HOSPITAL	
FATHER OF CHILD	6A. NAME OF FATHER—FIRST (GIVEN) LENNART	6B. MIDDLE JOHAN	6C. LAST (FAMILY) HOLMQUIST		7. STATE OF BIRTH IL
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST (GIVEN) JILL	9B. MIDDLE ANN	9C. LAST (MAIDEN) MARTIN		10. STATE OF BIRTH PA
PARENT'S CERTIFICATION	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 		12B. RELATIONSHIP TO CHILD FATHER
					12C. DATE SIGNED 12/20/92
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED		13A. ATTENDANT OR CERTIFIER—SIGNATURE—DEGREE OR TITLE Beth A. Matlock MD		13B. LICENSE NUMBER G059975
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT BETH A MATLOCK, MD, 2915 TELEGRAPH, BERKELEY		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT -		
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR—SIGNATURE Camille heynus		17. DATE ACCEPTED FOR REGISTRATION JAN 4 1993

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF
THE DOCUMENT FILED IN THE CITY OF BERKELEY
DEPARTMENT OF PUBLIC HEALTH, BERKELEY, CALIFORNIA.

Camille heynus

HEALTH OFFICER

By:

Sharon Edwards

DEPUTY

Date:

FEB 03 1993