

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1199719005921

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF CHILD -- FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	
MICHAEL	JOSEPH	JACKSON JR	
2. SEX	3A. THIS BIRTH SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS ONE (FIRST, SECOND, ETC.)	4A. DATE OF BIRTH -- MM/DD/YYYY
MALE	SINGLE		02/13/1997
5A. PLACE OF BIRTH -- NAME OF HOSPITAL OR FACILITY		4B. HOUR -- (24 HOUR CLOCK TIME)	
CEDARS SINAI MEDICAL CENTER		0117	
5B. STREET ADDRESS -- STREET NUMBER, OR LOCATION		5C. COUNTY	
8700 BEVERLY BLVD.		LOS ANGELES	
5D. CITY		5E. PLANNED PLACE OF BIRTH	
LOS ANGELES		HOSPITAL	
6A. NAME OF FATHER -- FIRST (GIVEN)	6B. MIDDLE	7. STATE OF BIRTH	8. DATE OF BIRTH
MICHAEL	JOSEPH	IN	08/29/1958
6C. LAST (FAMILY)	6D. MIDDLE	9. STATE OF BIRTH	10. DATE OF BIRTH
JACKSON	JEANNE	WA	12/06/1958
6E. LAST (MAIDEN)	6F. MIDDLE	11. DATE OF BIRTH	12. DATE SIGNED
ROWE			02/18/1997
12A. PARENT OR OTHER INFORMANT -- SIGNATURE		12B. RELATIONSHIP TO CHILD	13C. LICENSE NUMBER
<i>Michael Jackson</i>		FATHER	C32748
13A. ATTENDANT OR CERTIFIER -- SIGNATURE -- DEGREE OR TITLE		13C. DATE SIGNED	
<i>Paul W Crane D</i>		2/17/97	
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			
P CRANE, MD, 415 N CRESCENT DR, BEVERLY HILLS			
14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		17. DATE ACCEPTED FOR REGISTRATION	
<i>Mark S. ... RW</i>		02/19/1997	
15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR -- SIGNATURE	

INFORMATIONAL, INVALID DOCUMENT



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 E. Fielding MD, VE
Director of Health Services and Registrar

DATE ISSUED

JUN 30 2009



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

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

1199819027603

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF CHILD -- FIRST (GIVEN) PARIS-MICHAEL		1B. MIDDLE KATHERINE	1C. LAST (FAMILY) JACKSON
THIS CHILD	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE THIS CHILD IS 1ST, 2ND, ETC. ETC.
	4A. DATE OF BIRTH -- MM/DD/YYYY 04/03/98	4B. HOUR -- (24 HOUR CLOCK TIME) 0626	
PLACE OF BIRTH	5A. PLACE OF BIRTH -- NAME OF HOSPITAL OR FACILITY SPAULDING PAIN MEDICAL CLINIC		5B. STREET ADDRESS -- STREET NUMBER, OR LOCATION 120 SOUTH SPAULDING DRIVE
	5C. CITY BEVERLY HILLS	5D. COUNTY LOS ANGELES	5E. PLANNED PLACE OF BIRTH SPAULDING PAIN CLINIC
FATHER OF CHILD	6A. NAME OF FATHER -- FIRST (GIVEN) MICHAEL	6B. MIDDLE JOSEPH	6C. LAST (FAMILY) JACKSON
MOTHER OF CHILD	6A. NAME OF MOTHER -- FIRST (GIVEN) DEBORAH	6B. MIDDLE JEAN	6C. LAST (MAIDEN) ROWE
PARENTS CERTIFICATION	12A. PARENT OR OTHER INFORMANT -- SIGNATURE <i>Paul H. Crane MD</i>		12B. RELATIONSHIP TO CHILD MOTHER
	12C. DATE SIGNED 04/27/98		12D. DATE SIGNED 04/27/98
CERTIFICATION OF BIRTH	13A. ATTENDANT OR CERTIFIER -- SIGNATURE -- DEGREE OR TITLE <i>Paul H. Crane MD</i>		13B. LICENSE NUMBER C32748
	13C. DATE SIGNED 04/27/98		13D. DATE SIGNED 04/27/98
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT PAUL H. CRANE, MD 415 NORTH CRESCENT, STE 100, BEVERLY HILLS, CA		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	15C. LOCAL REGISTRAR -- SIGNATURE <i>Mark [Signature]</i>
			17. DATE ACCEPTED FOR REGISTRATION 04/30/1998

* 109006160 *

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VE

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