

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA **1200619090037**

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF CHILD — FIRST (GIVEN) JAYDEN		1B MIDDLE JAMES	
1C SEX MALE		1D LAST (FAMILY) FEDERLINE	
2 THIS BIRTH, SINGLE, TWIN, ETC. SINGLE		3B IF MULTIPLE THIS CHILD 1ST, 2ND, ETC.	
4A DATE OF BIRTH — MM/DD/CCYY 09/12/2006		4B HOUR — (24 HOUR-CLOCK TIME) 0111	
5A PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY CEDARS SINAI MEDICAL CENTER		5B STREET ADDRESS — STREET NUMBER OR LOCATION 8700 BEVERLY BLVD.	
5C CITY LOS ANGELES		5D COUNTY LOS ANGELES	
5E PLANNED PLACE OF BIRTH HOSPITAL			
6A NAME OF FATHER — FIRST (GIVEN) KEVIN		6B MIDDLE EARL	
6C LAST (FAMILY) FEDERLINE		7 STATE OF BIRTH CA	
8 DATE OF BIRTH 03/21/1978			
9A NAME OF MOTHER — FIRST (GIVEN) BRITNEY		9B MIDDLE JEAN	
9C LAST (MAIDEN) SPEARS		10 STATE OF BIRTH MS	
11 DATE OF BIRTH 12/02/1981			
12A PARENT OR OTHER INFORMANT — SIGNATURE <i>Kevin Earl Federline</i>		12B RELATIONSHIP TO CHILD Father	
12C DATE SIGNED 09/13/2006			
13A ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE <i>Jonathan E Fielding</i>		13B LICENSE NUMBER G061657	
13C DATE SIGNED 09/14/2006			
13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT R KATZ, MD, 8920 WILSHIRE BLVD, BEVERLY HILLS		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
15A DATE OF DEATH		15B STATE FILE NO. (STATE USE ONLY)	
16 LOCAL REGISTRAR — SIGNATURE JONATHAN E FIELDING, MD <i>EL</i>		17 DATE ACCEPTED FOR REGISTRATION 09/15/2006	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk. **OCT 24 2006**

Conny B. McCormack
CONNY B. McCORMACK
Registrar-Recorder/County Clerk



This copy not valid unless prepared on engraved border displaying Seal and Signature of the Registrar-Recorder County Clerk.

