

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

STATE FILE NUMBER	64-295984		CERTIFICATE OF LIVE BIRTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	601515318	
THIS CHILD	1a. NAME OF CHILD—FIRST NAME KAMALA		1b. MIDDLE NAME AMEND IYER		1c. LAST NAME HARRIS		
	2. SEX Female	3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET? Single		4a. DATE OF BIRTH—MONTH, DAY, YEAR October 20 1964		4b. HOUR 9:28 P.	
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL Kaiser Foundation Hospital			5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 280 West MacArthur Blvd.			
	5c. CITY OR TOWN Oakland			5d. COUNTY Alameda			
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME Gopalan		6b. MIDDLE NAME -		6c. LAST NAME Shyamala		7. COLOR OR RACE OF MOTHER Caucasian
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 26 YEARS		9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) India		10. MAILING ADDRESS OF MOTHER—ALSO DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH As given below		
USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)	11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION) 2531 Regent Street				11b. IF INSIDE CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE		
	11c. CITY OR TOWN Berkeley				11d. COUNTY Alameda		
FATHER OF CHILD	12a. NAME OF FATHER—FIRST NAME Donald		12b. MIDDLE NAME Jasper		12c. LAST NAME Harris		13. COLOR OR RACE OF FATHER Jamaican
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 26 YEARS		15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Jamaica		16a. PRESENT OR LAST OCCUPATION Student and Teaching Fellow		
INFORMANT'S CERTIFICATION	17a. PARENT OR OTHER INFORMANT—SIGNATURE <i>[Signature]</i>				17b. DATE SIGNED BY INFORMANT October 23 1964		
	18a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—PLEASE PRINT TITLE <i>[Signature]</i>				18b. ADDRESS Oakland, California		
ATTENDANT'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT				20. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>		
REGISTRAR'S CERTIFICATION					21. DATE RECEIVED BY LOCAL REGISTRAR NOV 5 1964		

INFORMATIONAL - NOT A VALID
DOCUMENT TO ESTABLISH IDENTITY

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Tri-Valley Office
<http://www.acgov.org/auditor/clerk/bdm/Birth.htm> ^{phone} online order

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.

MAR 10 2019

DATE ISSUED

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



000017032

Melissa Wilk
Melissa Wilk
COUNTY CLERK-RECORDER



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

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2 AFFIDAVIT TO CORRECT A RECORD

STATE FILE NO. **64-295984** ☒ BIRTH ☐ DEATH ☐ MARRIAGE REGISTRATION DISTRICT NO. **6015** REGISTRAR'S NUMBER **15318**

REGISTRANT INFORMATION: SEE INSTRUCTIONS ON REVERSE

1a. FIRST NAME **KAMALA** 1b. MIDDLE NAME **IYER** 1c. LAST NAME **HARRIS**

2. PLACE OF OCCURRENCE—CITY OR COUNTY **Oakland** 3. DATE OF EVENT **October 20, 1964** 4. DATE ORIGINAL FILED **November 5, 1964**

5. NAME OF FATHER **Donald Jasper Harris** 6. MAIDEN NAME OF MOTHER **Gopalan Shyamala**

7. NUMBER **1B** 8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD **Iyer** 8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE **DEVI**

9. WHY IS CHANGE NECESSARY? **To correct middle name of child.**

10. I, THE AFFIANT, HAVING PERSONAL KNOWLEDGE OF THE ABOVE FACTS AND RELATED AS **mother** TO THE REGISTRANT NAMED IN ITEM 1 OF THIS DOCUMENT, DO SOLEMNLY SWEAR THAT THE FACTS LISTED UNDER ITEM 8A, ABOVE, WERE INCORRECTLY STATED AT THE TIME OF THE EVENT, AND TO MAKE THE ORIGINAL RECORD A TRUE STATEMENT OF THE FACTS AS THEY EXISTED AT THE TIME OF OCCURRENCE, THE AMENDMENTS LISTED UNDER ITEM 8B, ABOVE, ARE NECESSARY.

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS **2nd** DAY OF **February** 19 **65**

SIGNATURE AND SEAL OF NOTARY PUBLIC **Wm Mason** SIGNATURE OF AFFIANT **[Signature]** AGE OF AFFIANT **26**

ADDRESS OF AFFIANT—STREET ADDRESS **2531 Regent St., apt 5**

ADDRESS OF AFFIANT—CITY AND STATE **Berkeley - 4, California**

11. I, THE AFFIANT, HAVING PERSONAL KNOWLEDGE OF THE ABOVE FACTS AND RELATED AS **father** TO THE REGISTRANT NAMED IN ITEM 1 OF THIS DOCUMENT, DO SOLEMNLY SWEAR THAT THE FACTS LISTED UNDER ITEM 8A, ABOVE, WERE INCORRECTLY STATED AT THE TIME OF THE EVENT, AND TO MAKE THE ORIGINAL RECORD A TRUE STATEMENT OF THE FACTS AS THEY EXISTED AT THE TIME OF OCCURRENCE, THE AMENDMENTS LISTED UNDER ITEM 8B, ABOVE, ARE NECESSARY.

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS **2nd** DAY OF **February** 19 **65**

SIGNATURE AND SEAL OF NOTARY PUBLIC **Wm Mason** SIGNATURE OF AFFIANT **[Signature]** AGE OF AFFIANT **26**

ADDRESS OF AFFIANT—STREET ADDRESS **2531 Regent St., Berkeley, Cal.**

ADDRESS OF AFFIANT—CITY AND STATE **Berkeley - 4, California**

STATE REGISTRAR **[Signature]** DATE ACCEPTED AND FILED **FEB 18 1965**

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Melissa Wilk
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