

Mark Daniel JENNINGS was born 20 Jun 2011
in Mountain View, Santa Clara, CA with parents
William Eugene JENNINGS and Patricia Yolanda Bock

Gen 01 Proofs
Mark Daniel Jennings
Children American Revolution

STATE OF CALIFORNIA CERTIFICATION OF VITAL RECORD							
COUNTY of SANTA CLARA SAN JOSE, CALIFORNIA							
CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY						1201143012592	
STATE FILE NUMBER						LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST MARK		1B. MIDDLE DANIEL		1C. LAST JENNINGS		
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		4A. DATE OF BIRTH - MM/DD/YYYY 06/20/2011	4B. HOUR - 24 HOUR CLOCK TIME 1258	
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY EL CAMINO HOSPITAL		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 2500 GRANT RD.				
	5C. CITY MOUNTAIN VIEW		5D. COUNTY SANTA CLARA				
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST WILLIAM	6B. MIDDLE EUGENE	6C. LAST JENNINGS		7. BIRTHPLACE - STATE/COUNTRY TN	8. DATE OF BIRTH - MM/DD/YYYY 02/19/1963	
	9A. NAME OF MOTHER/PARENT - FIRST PATRICIA	9B. MIDDLE YOLANDA	9C. LAST - BIRTH NAME BOCK		10. BIRTHPLACE - STATE/COUNTRY NJ	11. DATE OF BIRTH - MM/DD/YYYY 08/19/1968	
INFORMANT AND BIRTH CERTIFICATION	1. 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 <i>[Signature]</i>		12B. RELATIONSHIP TO CHILD mother	12C. DATE SIGNED - MM/DD/YYYY 06/21/2011	
	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i> J. Lenker		13B. LICENSE NUMBER A102835	13C. DATE SIGNED - MM/DD/YYYY 06/21/2011	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT NEZHAT SOLIMANI, MD, 2485 HOSPITAL DR. #221, MOUNTAIN VIEW				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT J. LENKER, BIRTH RECORDER		
	15A. DATE OF DEATH - MM/DD/YYYY		15B. STATE FILE NO. - STATE USE ONLY		15C. LOCAL REGISTRAR - SIGNATURE MARTIN D. FENSTERSHEIB, M.D.		
LOCAL REGISTRAR	15D. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 06/23/2011						



R001473637

DATE ISSUED **07/05/2012** BY *[Signature]*, Deputy

THIS COPY IS NOT VALID UNLESS PREPARED ON AN ENGRAVED BORDER, DISPLAYING THE DATE, SEAL AND SIGNATURE OF THE COUNTY CLERK.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CLARA

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

[Signature]
REGINA ALCOMENDRAS
COUNTY CLERK-RECORDER