

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

USE BLACK INK ONLY

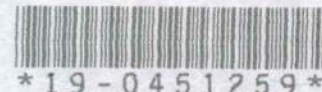
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A NAME OF CHILD — FIRST (GIVEN) JAYDEN	1B MIDDLE JAMES	1C LAST (FAMILY) FEDERLINE	
	2 SEX MALE	3A THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B IF MULTIPLE THIS CHILD 1ST, 2ND, ETC. 1	4A DATE OF BIRTH — MM/DD/CCYY 09/12/2006
PLACE OF BIRTH	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	
FATHER OF CHILD	6A NAME OF FATHER — FIRST (GIVEN) KEVIN	6B MIDDLE EARL	6C LAST (FAMILY) FEDERLINE	7 STATE OF BIRTH CA
MOTHER OF CHILD	9A NAME OF MOTHER — FIRST (GIVEN) BRITNEY	9B MIDDLE JEAN	9C LAST (MAIDEN) SPEARS	10 STATE OF BIRTH MS
INFORMANT CERTIFICATION	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
CERTIFICATION OF BIRTH	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
LOCAL REGISTRAR	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
CONNIE 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.

