

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA **1200619039841**

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF CHILD — FIRST (GIVEN)	1B MIDDLE	1C LAST (FAMILY)	
THIS CHILD SURI CRUISE			
2 SEX	3A THIS BIRTH SINGLE, TWIN, ETC.	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A DATE OF BIRTH — MM/DD/CCYY
FEMALE	SINGLE		04/18/2006
4B HOUR — (24 HOUR CLOCK TIME)			
0326			
5A PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY		5B STREET ADDRESS — STREET NUMBER OR LOCATION	
ST. JOHN'S HEALTH CENTER		1328 22ND ST	
5C CITY	5D COUNTY	5E PLANNED PLACE OF BIRTH	
SANTA MONICA	LOS ANGELES	HOSPITAL	
6A NAME OF FATHER — FIRST (GIVEN)	6B MIDDLE	6C LAST (FAMILY)	7 STATE OF BIRTH
THOMAS		CRUISE	NY
8 DATE OF BIRTH	9 DATE OF BIRTH		
07/03/1962			
9A NAME OF MOTHER — FIRST (GIVEN)	9B MIDDLE	9C LAST (MAIDEN)	10 STATE OF BIRTH
KATE	NOLTE	HOLMES	OH
11 DATE OF BIRTH	12 DATE SIGNED		
12/18/1978			
12A PARENT OR OTHER INFORMANT — SIGNATURE		12B RELATIONSHIP TO CHILD	12C DATE SIGNED
<i>[Signature]</i>		FRIEND	05/04/2006
13A ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE		13B LICENSE NUMBER	13C DATE SIGNED
<i>[Signature]</i> Mrs. Heffernan, M.D.		G48079	05/04/2006
14 TYPED NAME AND MAILING ADDRESS OF ATTENDANT		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
A PHILLIPS, MD, 1301 20TH ST #270, SANTA MONICA		A HEFFERNAN, RNC	
15A DATE OF DEATH	15B STATE FILE NO (STATE USE ONLY)	16 LOCAL REGISTRAR — SIGNATURE	17 DATE ACCEPTED FOR REGISTRATION
		BRUCE A. CHERNOF, M.D. EL	05/08/2006

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk. **JUL 07 2006**



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

19-0293062



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