

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201430028976

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER				LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST		
	ENRI		SUGITA		
SEX	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/YYYY	4B. HOUR - 24 HOUR CLOCK TIME
	MALE	SINGLE		09/10/2014	1504
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION		
	HOAG MEMORIAL HOSPITAL		ONE HOAG DRIVE		
	NEWPORT BEACH		ORANGE		
FATHER	6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST	7. STATE/PLACE - STATE/COUNTRY	8. DATE OF BIRTH - MM/DD/YYYY
	GENE	MAKOTO	SUGITA	CA	05/14/1976
MOTHER	9A. NAME OF MOTHER/PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	10. STATE/PLACE - STATE/COUNTRY	11. DATE OF BIRTH - MM/DD/YYYY
	KANA		YOSHIDA	CA	09/06/1987
INFORMANT AND BIRTH CERTIFICATION	1. 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		12B. RELATIONSHIP TO CHILD
			<i>[Signature]</i>		MOTHER
	1. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		12C. DATE SIGNED - MM/DD/YYYY
			<i>L. Felix, HIS</i>		09/11/2014
ATTENDANT	13B. LICENSE NUMBER			13C. DATE SIGNED - MM/DD/YYYY	
	A-77879			09/11/2014	
	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT				
L. FELIX, HIS					
DEATH	16A. DATE OF DEATH - MM/DD/YYYY	16B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY
			ERIC G. HANDLER, MD <i>[Signature]</i>		09/22/2014

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED: October 3, 2014

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

[Signature]
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

