

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

1052008392766



CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1200819091068

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST KAI	1B. MIDDLE NAKAYAMA	1C. LAST FROEB
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -
PLACE OF BIRTH	4A. DATE OF BIRTH - MM/DD/YYYY 09/03/2008	4B. HOUR - 24 HOUR CLOCK TIME 0649	
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY LITTLE COMPANY OF MARY HOSP.	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 4101 TORRANCE BLVD.	
FATHER/PARENT	5C. CITY TORRANCE	5D. COUNTY LOS ANGELES	
	6A. NAME OF FATHER/PARENT - FIRST GORDON	6B. MIDDLE KIDDOO	6C. LAST FROEB
MOTHER/PARENT	7. BIRTHPLACE - STATE/COUNTRY CA	8. DATE OF BIRTH - MM/DD/YYYY 07/23/1970	
	9A. NAME OF MOTHER/PARENT - FIRST HARUKO	9B. MIDDLE -	9C. LAST - BIRTH NAME NAKAYAMA
INFORMANT AND BIRTH CERTIFICATION	10. BIRTHPLACE - STATE/COUNTRY JAPAN	11. DATE OF BIRTH - MM/DD/YYYY 05/15/1976	
	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>Jim Gordon</i>	12B. RELATIONSHIP TO CHILD Father
LOCAL REGISTRAR	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>James Scharfffenberger MD</i>	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT J SCHARFFENBERGER, MD, 20911 EARL ST., TORRANCE	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
15A. DATE OF DEATH - MM/DD/YYYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE JONATHAN E FIELDING, MD <i>EL</i>	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 09/18/2008

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.
MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records
by:

DATE ISSUED
JUL 22 2009

Linette T Scott
LINETTE T SCOTT, MD, MPH, DEPUTY DIRECTOR
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISION
This copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director.
(Rev) 11/08

