

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

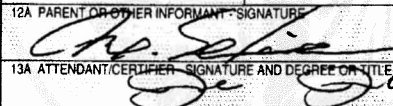

**COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK**

### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201219007644

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>THIS CHILD</b>	1A NAME OF CHILD - FIRST <b>JURI</b>		1B MIDDLE -		1C LAST <b>SEKINE</b>	
	2 SEX <b>FEMALE</b>	3A THIS BIRTH, SINGLE, TWIN, ETC <b>SINGLE</b>	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC -		4A DATE OF BIRTH - MM/DD/CCYY <b>02/01/2012</b>	4B HOUR - 24 HOUR CLOCK TIME <b>1606</b>
<b>PLACE OF BIRTH</b>	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>CEDARS SINAI MEDICAL CENTER</b>			5B STREET ADDRESS - STREET AND NUMBER OR LOCATION <b>8700 BEVERLY BLVD.</b>		
	5C CITY <b>LOS ANGELES</b>			5D COUNTY <b>LOS ANGELES</b>		
<b>FATHER PARENT</b>	6A NAME OF FATHER/PARENT - FIRST <b>MASASHI</b>		6B MIDDLE -		6C LAST <b>SEKINE</b>	
	7 BIRTHPLACE STATE COUNTRY <b>JAPAN</b>		8 DATE OF BIRTH MM/DD/CCYY <b>07/13/1978</b>			
<b>MOTHER PARENT</b>	9A NAME OF MOTHER/PARENT - FIRST <b>CHIE</b>		9B MIDDLE -		9C LAST BIRTH NAME <b>HARADA</b>	
	10 BIRTHPLACE STATE COUNTRY <b>JAPAN</b>		11 DATE OF BIRTH MM/DD/CCYY <b>06/29/1975</b>			
<b>INFORMANT AND BIRTH CERTIFICATION</b>	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 		12B RELATIONSHIP TO CHILD <b>FATHER</b>	
	I 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/CCYY <b>02/02/2012</b>	
	13B LICENSE NUMBER <b>G065679</b>		13C DATE SIGNED MM/DD/CCYY <b>02/06/2012</b>			
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>A SUMEN, MD, 8641 WILSHIRE BLVD. #102, BEVERLY HILLS</b>			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>JORGE JACOBO, SUPERVISOR</b>		
<b>LOCAL REGISTRAR</b>	15A DATE OF DEATH MM/DD/CCYY	15B STATE FILE NO STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE <b>JONATHAN E FIELDING, MD SS</b>		17 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY <b>02/13/2012</b>	

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

*Dean C Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

MAY 08 2012



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