

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201519117250
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER				LOCAL REGISTRATION NUMBER			
THIS CHILD	1A NAME OF CHILD - FIRST	1B MIDDLE	1C LAST				
	LEO	TORANOSUKE	TAKEMOTO				
PLACE OF BIRTH	2 SEX	3A THIS BIRTH, SINGLE, TWIN, ETC	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC	4A DATE OF BIRTH - MMDDCCYY	4B HOUR - 24 HOUR CLOCK TIME		
	MALE	SINGLE	-	12/30/2015	1838		
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION				
	PIH HEALTH HOSPITAL - WHITTIER		12401 E. WASHINGTON BLVD.				
FATHER PARENT	6A NAME OF FATHER/PARENT - FIRST	6B MIDDLE	6C LAST		7 BIRTHPLACE - STATE/COUNTRY	8 DATE OF BIRTH - MMDDCCYY	
	THOMAS	TORAJI	TAKEMOTO		CA	07/22/1980	
MOTHER PARENT	9A NAME OF MOTHER/PARENT - FIRST	9B MIDDLE	9C LAST - BIRTH NAME		10 BIRTHPLACE - STATE/COUNTRY	11 DATE OF BIRTH - MMDDCCYY	
	TOMOE	-	SHOJI		JAPAN	08/03/1976	
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	13C DATE SIGNED - MMDDCCYY	
			<i>[Signature]</i>		PARENTS	12/31/2015	
INFORMANT AND BIRTH CERTIFICATION	1 CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13A ATTENDANT/CERTIFIER SIGNATURE AND DEGREE OR TITLE		13B LICENSE NUMBER	13C DATE SIGNED - MMDDCCYY	
			<i>[Signature]</i>		G50641	12/31/2015	
LOCAL REGISTRAR	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT			
	JAIMÉ LOPEZ, MD, 8135 SO. PAINTER SUITE 205, WHITTIER			JERREY D. GUNZENHAUSER, MD			
LOCAL REGISTRAR	15A DATE OF DEATH - MMDDCCYY	15B STATE FILE NO. - STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE		17 DATE ACCEPTED FOR REGISTRATION - MMDDCCYY		
			<i>[Signature]</i>		01/06/2016		

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

[Signature]
VF
Health Officer and Registrar

DATE ISSUED **FEB 11 2016**



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This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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