

**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**

1201619036163  
 LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A NAME OF CHILD - FIRST <b>SOMA</b>	1B MIDDLE -	1C LAST <b>TOTSUKA</b>
	2 SEX <b>MALE</b>	3A THIS BIRTH, SINGLE, TWIN, ETC <b>SINGLE</b>	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC -
PLACE OF BIRTH	4A DATE OF BIRTH - MM/DD/CCYY <b>04/27/2016</b>		4B HOUR - 24 HOUR CLOCK TIME <b>2215</b>
	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>PROVIDENCE TARZANA MEDICAL CENTER</b>		5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>18321 CLARK ST.</b>
NAME OF PARENT	5C CITY <b>TARZANA</b>		5D COUNTY <b>LOS ANGELES</b>
	6A NAME OF PARENT - FIRST <b>HIROKI</b>	6B MIDDLE -	6C LAST - BIRTH NAME <b>TOTSUKA</b>
NAME OF PARENT	6D <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		7 BIRTHPLACE - STATE/ COUNTRY <b>JAPAN</b>
	8A NAME OF PARENT - FIRST <b>TOMOKO</b>	8B MIDDLE -	8C LAST - BIRTH NAME <b>SUZUKI</b>
INFORMANT AND BIRTH CERTIFICATION	9D <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		9E BIRTHPLACE - STATE/ COUNTRY <b>JAPAN</b>
	10 I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		11 DATE OF BIRTH <b>07/08/1975</b>
12A PARENT OR OTHER INFORMANT - SIGNATURE <i>[Signature]</i>		12B RELATIONSHIP TO CHILD <b>mother</b>	12C DATE SIGNED <b>04/28/2016</b>
13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i> <b>RHIT</b>		13B LICENSE NUMBER <b>A48821</b>	13C DATE SIGNED <b>04/28/2016</b>
13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>KAMRAN TORBATI, MD, 5525 ETIWANDA AVE #216, TARZANA</b>		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>GWEN DAVIS-FREDERICK, RHIT</b>	
15A DATE OF DEATH - MM/DD/CCYY	15B STATE FILE NO. - STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE <b>JEFFREY D GUNZENHAUSER, MD</b>	17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>05/05/2016</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

**SEP 06 2016**



This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



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