## STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

## **COUNTY OF LOS ANGELES**

**DEPARTMENT OF PUBLIC HEALTH** 

CERTIFICATE OF LIVE BIRTH

1201819054428

STATE FILE NUMBER					USE BLACK INK ONLY			LOCAL REGISTRATION NUMBER		
THIS	1A. NAME OF CHILD-FIRST ATKA			18. MIDDLE 1C. LAST ASAI			10,1			
	2 SEX 3A. THIS BIRTH, SINGLE SINGLE		IGLE, TWIN, ETC. 3B. IF MULTII		PLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY 07/13/2018		782	HOUR - 24 HOUR CLOCK TIME	
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACULTY GLENDALE ADVENTIST MED CTR 5C. CITY GLENDALE				58. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 1509 E. WILSON TERRACE 50. COUNTY LOS ANGELES					
NAME OF PARENT	6A. NAME OF PARENT - FIRS JASON	T	6B. MIDDLE ALLAN		6C. LAST - BIRTH NAME MARTY		60. MOTHER 7	MO STATE/COUNT	08/25/1976	
NAME OF PARENT	9A. NAME OF PARENT - FIRST 9B. MIDDLE MEGUMI -		9B. MIDDLE	9C. LAST - BIRTH NAME ASAI				JAPAN	07/04/1979	
INFORMANT AND BIRTH CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		HER INFORMANT - SIGNATURE			12B. RELATIONSHIP TO CHILD PARENT		12C DATE SIGNED 07/14/2018		
	13A. ATTENDANT/CERTHE DATE, HOUR, AND PLACE STATED.		TIFIER - SIGNATURE AND DEGREE OR TITLE			138. LICENSE NUMBER GO55968		07/14/2018		
	130. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT SELBNA LANTRY, MD, 1505 WILSON TERRACE, GLENDALE					**	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT NEREYDA JUAREZ, BIRTH CLERK			
LOCAL	15A. DATE OF DEATH - MMODICCYY  15B. STATE FILE NO STATE USE ONLY  16 LOCAL REGISTRAR - SIGNATURE  JEFFREY D GUNZENHAUSER, MD 55  17. DATE ACCEPTED FOR  07/1								PREGISTRATION - MMTDICCYY	

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.

Health place the Registra 2, MD

DATE ISSUED

AUG 13 2018

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

VALTERATION OR FRASURE VOIDS THIS CERTIFICATE