CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

1052019599892

1A. NAME OF CHILD - FIRST

LEO

2. SEX

MALE

STATE FILE NUMBER

1201919509834

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA

USE BLACK INK ONLY MINAMI **HAMMOND** 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. 4A. DATE OF BIRTH - MM/DD/CCYY 4B. HOUR - 24 HOUR CLOCK TIME 05/16/2019

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY PROVIDENCE LCM-TORRANCE 5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 4101 TORRANCE BLVD 5C. CITY

5D. COUNTY

3A. THIS BIRTH, SINGLE, TWIN, ETC.

SINGLE

TORRANCE LOS ANGELES 6A. NAME OF PARENT - FIRST 6B. MIDDLE 6C. LAST - BIRTH NAME MOTHER 7. BIRTHPLACE - STATE/ COUNTRY CHARLES RAY HAMMOND ☐ FATHER CA 9A. NAME OF PARENT - FIRST 9B. MIDDLE 9C. LAST - BIRTH NAME НІТОМІ DARENT JAPAN

PARENT

12B. RELATIONSHIP TO CHILD

FATHER MINAMI 12A PARENT OR OTHER INFORMANT - SIGNATURE CHARLES R. HAMMOND MOTHER

HITOMI HAMMOND I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED. 13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE

SHIRLEY ERWIN, BIRTH CLERK

MUNTU DAVIS MD

G52785 05/17/2019 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT SHIRLEY ERWIN, BIRTH CLERK

13B. LICENSE NUMBER

17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 05/21/2019

10/12/1978

09/29/1988

12C. DATE SIGNED 05/17/2019

05/17/2019 13C. DATE SIGNED

11. DATE OF BIRT

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

Deanc. L DEAN C. LOGAN Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the





seal and signature of the Registrar-Recorder/County Clerk.