

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201319012191

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST	
	TSUKI	-	MATSUDA	
2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		4A. DATE OF BIRTH - MM/DD/CCYY
	MALE	SINGLE		01/29/2013
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION	
	ST. JOHN'S HEALTH CENTER		2121 SANTA MONICA BOULEVARD	
	5C. CITY		5D. COUNTY	
SANTA MONICA		LOS ANGELES		
MOTHER	6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST	7. BIRTHPLACE - STATE/COUNTRY
	SHIGEKI	-	MATSUDA	JAPAN
FATHER	8A. NAME OF MOTHER/PARENT - FIRST	8B. MIDDLE	8C. LAST - BIRTH NAME	9. BIRTHPLACE - STATE/COUNTRY
	YUKIYO	-	NATSUME	JAPAN
INFORMANT AND BIRTH CERTIFICATION	10A. PARENT OR OTHER PERSON DESIGNATED		10B. RELATIONSHIP TO CHILD	10C. DATE SIGNED - MM/DD/CCYY
	<i>[Signature]</i>		Mother	02/01/2013
	10A. WITHIN JUDICIAL DISTRICT - SIGNATURE AND DEGREE OR TITLE		10B. LICENSE NUMBER	10C. DATE SIGNED - MM/DD/CCYY
	<i>[Signature]</i>		G059213	02/01/2013
13C. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT				
J YAMAMURA, MD, 2001 SANTA MONICA BL, SANTA MONICA				
DATE RECEIVED	11A. DATE OF DEATH - MM/DD/CCYY	11B. STATE FILE NO. - STATE USE ONLY	1E. LOCAL REGISTRAR - SIGNATURE	
			JONATHAN E FIELDING, MD <i>SS</i>	
			12. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY	02/25/2013

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

JUL 09 2013



This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.