

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY
1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CALIFORNIA 92701

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201630012248
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST REN		1B. MIDDLE JAMES		1C. LAST NUMATA	
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -		4A. DATE OF BIRTH - MM/DD/CCYY 04/24/2016	4B. HOUR - 24 HOUR CLOCK TIME 1253
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY HOAG MEMORIAL HOSPITAL			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION ONE HOAG DRIVE		
	6C. CITY NEWPORT BEACH			5D. COUNTY ORANGE		
NAME OF PARENT	6A. NAME OF PARENT - FIRST KENYA		6B. MIDDLE -	6C. LAST - BIRTH NAME NUMATA		6D. <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7. BIRTHPLACE - STATE/COUNTRY JAPAN		8. DATE OF BIRTH 10/27/1979			
NAME OF PARENT	9A. NAME OF PARENT - FIRST RIKA		9B. MIDDLE -	9C. LAST - BIRTH NAME MIYAJI		9D. <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	10. BIRTHPLACE - STATE/COUNTRY JAPAN		11. DATE OF BIRTH 09/14/1984			
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.		12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>Eric G. Handler</i>		12B. RELATIONSHIP TO CHILD MOTHER	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Donna Vig, HIM</i>		13B. LICENSE NUMBER G80278	
	13C. DATE SIGNED 04/25/2016		13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT C WELLS, MD, 62 CORPORATE PARK #100, IRVINE		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT DONNA VIG, HIM	
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD <i>Eric G. Handler</i>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 05/02/2016	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED May 24, 2016

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



003778395

Eric G. Handler M.D.
ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAORANGE01

