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 1200919076158 STATE FILE NUMBER LOCAL REGISTRATION NUMBER 1C LAST 1A NAME OF CHILD - FIRST MIZUTA REIUN LIPPIT 3A THIS BIRTH, SINGLE TWIN, ETC 3B IF MULTIPLE THIS CHILD 1ST 2ND ETC 4A DATE OF BIRTH - MM/DD/CCYY 4B HOUR - 24 HOUR CLOCK TIME 08/11/2009 0225 MALE SINGLE 5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY 5B STREET ADDRESS - STREET AND NUMBER OR LOCATION 4867 SUNSET BLVD. KAISER HOSPITAL: LA, SUNSET 5D COUNTY LOS ANGELES LOS ANGELES BIRTHPLACE STATE COUNTRY 6A NAME OF FATHER/PARENT - FIRST 6B MIDDLE SC LAST 8 DATE OF BIRTH MM/DD/CCYY 04/30/1964 MIZUTA LIPPIT AKTRA 10 BIRTHPLACE STATE COUNTRY 11 DATE OF BIRTH MM/DD/CCYY 9A NAME OF MOTHER/PARENT - FIRST 9B MIDDLE 9C LAST BIRTH NAME NY 03/29/1968 ELISE GARDNER MIYA 2C DATE SIGNED MM/DD/CCYY I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE 12A RARENT OR OTHER INFORMANT SIGNATURE 12B RELATIONSHIP TO CHILD morner 08/11/2009 13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE SIGNED MM/DD/CCYY 13B LICENSE NUMBER I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED 1/2/2009 Olima No cloth, MD RESIDENT 13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT DEANNA MILLS, MD, 4867 SUNSET BLVD., LOS ANGELES DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY 16 LOCAL REGISTRAR - SIGNATURE 08/21/2009 JONATHAN E FIELDING, MD

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

