

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD


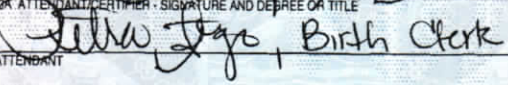

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201519034028

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>THIS CHILD</b>	1A NAME OF CHILD - FIRST <b>AYAKA</b>		1B MIDDLE <b>SUNNY</b>		1C LAST <b>FERNANDEZ-OGAWA</b>	
	2 SEX <b>FEMALE</b>	3A THIS BIRTH, SINGLE, TWIN, ETC <b>SINGLE</b>	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC <b>-</b>	4A DATE OF BIRTH - MM/DD/CCYY <b>04/07/2015</b>	4B HOUR - 24 HOUR CLOCK TIME <b>0411</b>	
<b>PLACE OF BIRTH</b>	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>KAISER HOSPITAL: SOUTH BAY</b>			5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>25825 SOUTH VERMONT AVE</b>		
	5C CITY <b>HARBOR CITY</b>			5D COUNTY <b>LOS ANGELES</b>		
<b>FATHER PARENT</b>	6A NAME OF FATHER/PARENT - FIRST <b>MARIO</b>		6B MIDDLE <b>-</b>	6C LAST <b>FERNANDEZ-AREVALO</b>		7 BIRTHPLACE STATE/COUNTRY <b>MEXICO</b>
	8 DATE OF BIRTH - MM/DD/CCYY <b>10/22/1980</b>					
<b>MOTHER PARENT</b>	9A NAME OF MOTHER/PARENT - FIRST <b>YURIKA</b>		9B MIDDLE <b>LILLIAN</b>	9C LAST - BIRTH NAME <b>OGAWA</b>		10 BIRTHPLACE STATE/COUNTRY <b>CA</b>
	11 DATE OF BIRTH - MM/DD/CCYY <b>02/12/1981</b>					
<b>INFORMANT AND BIRTH CERTIFICATION</b>	1 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 		12B RELATIONSHIP TO CHILD <b>PARENTS</b>	
	1 I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		12A ATTENDANT CERTIFIER - SIGNATURE AND DEGREE OR TITLE  <b>BIRTH CLERK</b>		12C DATE SIGNED - MM/DD/CCYY <b>04/08/2015</b>	
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>H. REDDY, MD, 25825 S. VERMONT AVE, HARBOR CITY</b>		13B LICENSE NUMBER <b>A99162</b>		13C DATE SIGNED - MM/DD/CCYY <b>04/08/2015</b>	
			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>PETRA SANTIAGO, BIRTH CLERK</b>			
<b>LOCAL REGISTRAR</b>	15A DATE OF DEATH - MM/DD/CCYY	15B STATE FILE NO - STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE <b>JEFFREY D GUNZENHAUSER, MD</b> 			17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>04/27/2015</b>

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

JUN 17 2015



\* 1000000581164 \*

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

PINCO (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

