

# 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

1201619022913

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

|                                   |  |   |  |   |
|-----------------------------------|--|---|--|---|
| THIS CHILD                        | 1A NAME OF CHILD - FIRST<br><b>KO</b>  | 1B MIDDLE<br><b>LIAM</b>                          | 1C LAST<br><b>NAKATSUBO</b>  |   |
|                                   | 2 SEX<br><b>MALE</b>   | 3A THIS BIRTH, SINGLE, TWIN, ETC<br><b>SINGLE</b> | 3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC<br><b>-</b>   | 4A DATE OF BIRTH - MM/DD/CCYY<br><b>03/16/2016</b>  |
| PLACE OF BIRTH                    | 5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY<br><b>PROVIDENCE LCM-TORRANCE</b>                               |   | 5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION<br><b>4101 TORRANCE BLVD</b>                |   |
|                                   | 5C CITY<br><b>TORRANCE</b>   |   | 5D COUNTY<br><b>LOS ANGELES</b>  |   |
| NAME OF FATHER                    | 6A NAME OF FATHER - FIRST<br><b>TOMOYUKI</b>   | 6B MIDDLE<br><b>-</b>                             | 6C LAST - BIRTH NAME<br><b>NAKATSUBO</b>   | 6D <input type="checkbox"/> MOTHER<br><input checked="" type="checkbox"/> FATHER<br><input type="checkbox"/> PARENT |
|                                   | 7 BIRTHPLACE - STATE/COUNTRY<br><b>JAPAN</b>   |   | 8 DATE OF BIRTH<br><b>11/18/1969</b>   |   |
| NAME OF MOTHER                    | 9A NAME OF MOTHER - FIRST<br><b>HANAKO</b>   | 9B MIDDLE<br><b>-</b>                             | 9C LAST - BIRTH NAME<br><b>GOTO</b>  | 9D <input checked="" type="checkbox"/> MOTHER<br><input type="checkbox"/> FATHER<br><input type="checkbox"/> PARENT |
|                                   | 10 BIRTHPLACE - STATE/COUNTRY<br><b>JAPAN</b>  |   | 11 DATE OF BIRTH<br><b>09/02/1975</b>  |   |
| INFORMANT AND BIRTH CERTIFICATION | 12A PARENT OR OTHER INFORMANT - SIGNATURE<br><i>Hanako</i>   |   | 12B RELATIONSHIP TO CHILD<br><i>Mother</i>   | 12C DATE SIGNED<br><b>03/18/2016</b>  |
|                                   | 13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE<br><i>Teri Roque, B.C.</i>                               |   | 13B LICENSE NUMBER<br><b>G63053</b>  | 13C DATE SIGNED<br><b>03/18/2016</b>  |
|                                   | 13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT<br><b>FRANCINE ITO, MD, 4201 TORRANCE BLVD., TORRANCE</b> |   | 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT<br><b>TERI ROQUE, BIRTH CLERK</b> |   |
| LOCAL REGISTRAR                   | 15A DATE OF DEATH - MM/DD/CCYY   | 15B STATE FILE NO - STATE USE ONLY                | 16 LOCAL REGISTRAR - SIGNATURE<br><b>JEFFREY D GUNZENHAUSER, MD SS</b>                         | 17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY<br><b>03/23/2016</b>   |

CALOSANG02

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

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

NOV 09 2016



1000001212776

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

