

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

1201630007504

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST EVAN	1B. MIDDLE MASAKI	1C. LAST LU
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -
PLACE OF BIRTH	4A. DATE OF BIRTH - MM/DD/YYYY 03/09/2016		4B. HOUR - 24 HOUR CLOCK TIME 0527
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY HOAG MEMORIAL HOSPITAL		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION ONE HOAG DRIVE
NAME OF FATHER	6A. NAME OF FATHER - FIRST STEPHEN	6B. MIDDLE FELIX	6C. LAST - BIRTH NAME LU
	7. BIRTHPLACE - STATE/COUNTRY IL		8. DATE OF BIRTH 06/24/1980
NAME OF MOTHER	9A. NAME OF MOTHER - FIRST KYOKO	9B. MIDDLE -	9C. LAST - BIRTH NAME TAKASHIMA
	10. BIRTHPLACE - STATE/COUNTRY JAPAN		11. DATE OF BIRTH 12/07/1979
INFORMANT AND BIRTH CERTIFICATION	12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>[Signature]</i>		12B. RELATIONSHIP TO CHILD FATHER
	12C. DATE SIGNED 03/10/2016		13B. LICENSE NUMBER A112120
LOCAL REGISTRAR	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Donna Vig, HIM</i>		13C. DATE SIGNED 03/10/2016
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT C MARINESCU, MD, 415 OLD NEWPORT BLVD #100, NEWPORT BEACH		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT DONNA VIG, HIM
15A. DATE OF DEATH - MM/DD/YYYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i> ERIC G. HANDLER, MD	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 03/21/2016

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

March 28, 2016

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



Eric G. Handler H.O.
ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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