

## **COUNTY OF ORANGE**

## **CLERK-RECORDER**

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1201730016225

STATE FILE NUMBER				USE BLACK INK ONLY			LOCAL REGISTRATION NUMBER			
THIS	1A. NAME OF CHILD - FIRST  KALEY			18. MIDDLE HARUKA		IC.LAST	IC.LAST IWATA			
	2. SEX 3A. THIS BIRTH, SINGLE, TWIN, ETC.		38. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		4A. DATE OF BIRTH - MM/DD/CCYY			4B. HOUR - 24 HOUR CLOCK TIME		
	FEMALE SINGLE				05/29/2017			1207		
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY  SADDLEBACK MEMORIAL MED CTR				58. STREET ADDRESS - STREET AND NUMBER, OR LOCATION  24451 HEALTH CENTER DRIVE					
	5C.CITY  LAGUNA HILLS				SD. COUNTY ORANGE					
NAME OF PARENT	6A NAME OF PARENT - FIRST KENJIRO		68, MIDDLE JOHN		6C. LAST - BIRTH NAME  IWATA		6D. MOTHER  FATHER  PARENT		08/08/198	
NAME OF PARENT	9A NAME OF PARENT - FI	RST	9B, MIDDLE CHIRAKO		9C. LAST - BIRTH NAME UGAI	- 10 - 04 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	9D. MOTHER FATHER PARENT	CA	07/22/198	
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 WEIGHT OF THE PROPERTY OF THE PROPERT			INFORMANT-SIGNATURE Livata		FATHER		05/30/201		
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		FIER-SIGNATURE AND DEGREE OR TITLE  BRUENO BY		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13B, LICENSE NUMBER G20726		13C. DATE SIGNED 05/30/201		
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT  B MAY, MD, 24411 HEALTH CENTER DR., L				GUNA HILLS	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDA  SUSAN BARRERO, BRTH COORD				
LOCAL	15A DATE OF DEATH - MIMODICCYY 15B, STATE FILE NO STATE USE ONLY 16, LO				CCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD		An	17. DATE ACCEPTED FOR REGISTRATION - MWDDCCYY 06/07/2017		

22445

STATE OF CALIFORNIA COUNTY OF ORANGE

CERTIFIED COPY OF VITAL RECORDS

SS DATE ISSUED

OCT 0 6 2017

HUGH NGUYEN CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

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