

STATE OF CALIFORNIA

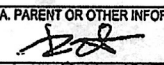
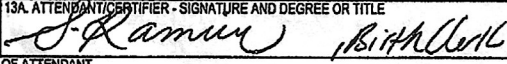
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201719100063
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
THIS CHILD	1A. NAME OF CHILD - FIRST JAMEY		1B. MIDDLE SARA		1C. LAST NAITO
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	4A. DATE OF BIRTH - MM/DD/CCYY 11/26/2017	4B. HOUR - 24 HOUR CLOCK TIME 0326
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY TORRANCE MEMORIAL MED CENTER		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 3330 LOMITA BLVD.		
	5C. CITY TORRANCE		5D. COUNTY LOS ANGELES		
NAME OF PARENT	6A. NAME OF PARENT - FIRST ROBERT		6B. MIDDLE SHUNJI	6C. LAST - BIRTH NAME NAITO	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7. BIRTHPLACE - STATE/COUNTRY CA		8. DATE OF BIRTH 09/25/1979		
NAME OF PARENT	9A. NAME OF PARENT - FIRST NOZOMI		9B. MIDDLE -	9C. LAST - BIRTH NAME HIGASHI	9D. <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	10. BIRTHPLACE - STATE/COUNTRY JAPAN		11. DATE OF BIRTH 03/19/1985		
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 INFORMANT - SIGNATURE 		12B. RELATIONSHIP TO CHILD FATHER
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE  Birth Clerk		12C. DATE SIGNED 11/27/2017
LOCAL REGISTRAR	13B. LICENSE NUMBER A63978		13C. DATE SIGNED 11/27/2017		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT SANDRA RAMIREZ, BIRTH CLERK
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT LATRICE ALLEN, MD, 23430 HAWTHORNE BL. #200, TORRANCE		16. LOCAL REGISTRAR - SIGNATURE JEFFREY D GUNZENHAUSER, MD <i>SS</i>		
15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY			

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.

FEB 20 2018



1000002020040

