

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

1201019101861

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

|                                   |                                                                                                                     |                                              |                                                                                            |                                              |                                                                       |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------|
| THIS CHILD                        | 1A. NAME OF CHILD - FIRST<br>LOUIS                                                                                  |                                              | 1B. MIDDLE<br>-                                                                            | 1C. LAST<br>IDEKAWA                          |                                                                       |
|                                   | 2. SEX<br>MALE                                                                                                      | 3A. THIS BIRTH, SINGLE, TWIN, ETC.<br>SINGLE | 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.<br>-                                            | 4A. DATE OF BIRTH - MM/DD/CCYY<br>10/15/2010 | 4B. HOUR - 24 HOUR CLOCK TIME<br>1216                                 |
| PLACE OF BIRTH                    | 5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY<br>PROVIDENCE LCM-TORRANCE                                        |                                              | 5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION<br>4101 TORRANCE BLVD                  |                                              |                                                                       |
|                                   | 5C. CITY<br>TORRANCE                                                                                                |                                              | 5D. COUNTY<br>LOS ANGELES                                                                  |                                              |                                                                       |
| FATHER PARENT                     | 6A. NAME OF FATHER/PARENT - FIRST<br>YOHTA                                                                          | 6B. MIDDLE<br>-                              | 6C. LAST<br>IDEKAWA                                                                        | 7. BIRTHPLACE - STATE/COUNTRY<br>JAPAN       | 8. DATE OF BIRTH - MM/DD/CCYY<br>01/06/1983                           |
|                                   | 9A. NAME OF MOTHER/PARENT - FIRST<br>YUKIKO                                                                         | 9B. MIDDLE<br>-                              | 9C. LAST - BIRTH NAME<br>HATA                                                              | 10. BIRTHPLACE - STATE/COUNTRY<br>JAPAN      | 11. DATE OF BIRTH - MM/DD/CCYY<br>01/02/1976                          |
| INFORMANT AND BIRTH CERTIFICATION | 1. 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<br><i>J. Yohta</i>                              |                                              | 12B. RELATIONSHIP TO CHILD<br>FATHER                                  |
|                                   | 1. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.                                       |                                              | 13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE<br><i>Nicole Weber Supervisor</i> |                                              | 12C. DATE SIGNED - MM/DD/CCYY<br>10/19/2010                           |
|                                   | 13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT<br>HENRY WU, MD, 520 N. PROSPECT AVE., REDONDO BEACH        |                                              | 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT<br>Nicole Weber Supervisor   |                                              | 13B. LICENSE NUMBER<br>G54975                                         |
| LOCAL REGISTRAR                   | 15A. DATE OF DEATH - MM/DD/CCYY                                                                                     |                                              | 15B. STATE FILE NO. - STATE USE ONLY                                                       |                                              | 16. LOCAL REGISTRAR - SIGNATURE<br>JONATHAN E FIELDING, MD <i>JEF</i> |
|                                   |                                                                                                                     |                                              |                                                                                            |                                              | 17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY<br>11/09/2010         |

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Jonathan E Fielding MD*  
VB  
Director of Public Health and Registrar

DATE ISSUED NOV 10 2010 \* HD 2 2 0 0 2 1 2 \*

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

