

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201430028976

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		1201430028976	
1. NAME OF CHILD - FIRST	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
	ENRI		SUGITA
2. SEX	3A. THE BIRTH SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THE CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/YYYY
	MALE	SINGLE	09/10/2014
3. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	4B. HOUR - 24 HOUR CLOCK TIME	4C. HOUR - 24 HOUR CLOCK TIME	
	HOAG MEMORIAL HOSPITAL	ONE HOAG DRIVE	1504
4. STREET ADDRESS - STREET AND NUMBER OR LOCATION	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER OR LOCATION	5C. CITY
	NEWPORT BEACH	ONE HOAG DRIVE	ORANGE
6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST	7. BIRTHPLACE - STATE/COUNTRY
	GENE	MAKOTO	SUGITA
8A. NAME OF MOTHER/PARENT - FIRST	8B. MIDDLE	8C. LAST - BIRTH NAME	9. DATE OF BIRTH - MM/DD/YYYY
	KANA		YOSHIDA
10. 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	13. DATE SIGNED - MM/DD/YYYY
	<i>[Signature]</i>	MOTHER	09/11/2014
11. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED - MM/DD/YYYY
	<i>L. Felix, HIS</i>	A-77879	09/11/2014
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
R FLORA, MD, 1441 AVOCADO #301, NEWPORT BEACH		L FELIX, HIS	
15A. DATE OF DEATH - MM/DD/YYYY	15B. STATE FILE NO. - STATE USE ONLY	15. LOCAL REGISTRAR - SIGNATURE	16. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY
		ERIC G. HANDLER, MD <i>[Signature]</i>	09/22/2014

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
COUNTY OF ORANGE }

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DATE ISSUED: October 3, 2014

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.

[Signature]
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

