

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

1201730022948

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST SAKURA		1B. MIDDLE ZURI		1C. LAST WHITFIELD	
	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 07/29/2017		4B. HOUR - 24 HOUR CLOCK TIME 0439
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY HOAG MEMORIAL HOSPITAL			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION ONE HOAG DRIVE		
	5C. CITY NEWPORT BEACH			5D. COUNTY ORANGE		
NAME OF PARENT	6A. NAME OF PARENT - FIRST BRANDON		6B. MIDDLE CHARLES		6C. LAST - BIRTH NAME WHITFIELD	
	9A. NAME OF PARENT - FIRST YUKARI		9B. MIDDLE -		9C. LAST - BIRTH NAME TAGAWA	
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 <i>[Signature]</i>		80. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Donna Vig, HIM</i>		7. BIRTHPLACE - STATE/ COUNTRY LA	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT L NGUYEN, MD, 9940 TALBERT AVE #303, FOUNTAIN VALLEY		12B. RELATIONSHIP TO CHILD MOTHER		10. BIRTHPLACE - STATE/ COUNTRY CO	
	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		13B. LICENSE NUMBER G-80266	
LOCAL REGISTRAR	15C. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>		16. LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 08/04/2017	
	15D. DATE OF DEATH - MM/DD/CCYY		15E. STATE FILE NO. - STATE USE ONLY		13C. DATE SIGNED 07/30/2017	

**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 **AUG 10 2017**

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

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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