

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE FILE NUMBER				CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY			1201019000902 LOCAL REGISTRATION NUMBER		
SHIC OHIC	1A NAME OF CHILD - FIRST			1B MIDDLE 1C I			AST		
	AKINA			IWAKAWA		BIC	BICKMORB		
	2 SEX 3A THIS BIRTH, SINGLE, TWIN, ETC			3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC		4A DATE	OF BIRTH - MM/DD/CCYY	4B HOUR - 24 HOUR CLOCK TIME	
	FEMALE SINGLE		B			01,	/04/2010	1829	
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY				5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION				
	PROVIDENCE LCM-TORRANCE				4101 TORRANCE BLVD				
	5C CITY TORRANCE				5D COUNTY LOS ANGELES				
FATHER/ PARENT	6A NAME OF FATHER/PARENT - FIRST 6B MIDDLE KEVIN GARY				6C LAST BICKMORE		7 BIRTHPLACE STATE/CO	07/08/1983	
MOTHER	9A NAME OF MOTHER/PARENT - FIRST 9B MIDDLE YOKO -				9C LAST - BIRTH NAME IWAKAWA		10 BIRTHPLACE STATE/CO	09/18/1978	
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		OTHER INFORMANT - SIGNATURE			12B RELATIONSHIP TO CHILD Father	12C DATE SIGNED MM/DD/CCYY 01/06/2010		
	The state of the s		CENTIFIER SIGNATURE AND DEGREE OR TITLE			13B LICENSE NUMBER G066695	13C DATE SIGNED MM/DD/CCYY 01/06/2010		
	DAVID S L			TREET, TORRANCE			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
LOCAL	15A DATE OF DEATH MMODICCYY 15B STATE FILE NO STATE USE ONLY 16 LOCAL REGISTRAR - SIGNATURE JONATHAN E FIELDING							1/21/2010	

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 Registrar-Recorder County Clerk

 $This\ copy\ not\ valid\ unless\ prepared\ on\ engraved\ border\ displaying\ the\ Seal\ and\ Signature\ of\ the\ Registrar-Recorder/County\ Clerk.$

