

BIRTH CERTIFICATE

(1) NAME OF CHILD: Nolan Poon
FIRST MIDDLE LAST

SEX: 1. MALE 2. FEMALE

(2) MULTIPAROUS BIRTH (if applicable): 1. TWIN 2. TRIPLET

(ORDER OF DELIVERY OF THIS CHILD: 1. FIRST 2. SECOND 3. THIRD)

(3) DATE OF BIRTH: 12 26 2018
MONTH DAY YEAR

HOUR: 4:15 A.M.
P.M.

(4) PLACE OF BIRTH:

1. HOSPITAL 2. MEDICAL FACILITY OTHER THAN HOSPITAL

3. RESIDENCE 4. OTHER (SPECIFY) _____

NAME OF HOSPITAL OR FACILITY: St. Joseph

ADDRESS: 1100 W. Stewart Dr. Orange CA
STREET CITY STATE

(5) NAME OF MOTHER: Akimi Poon Watanabe
FIRST MIDDLE LAST MAIDEN

TERM OF PREGNANCY: 40 WEEKS 1 DAYS

CERTIFIED AS ABOVE

DATE: December 26 2018
MONTH DAY YEAR

NAME OF PHYSICIAN (PRINT): Scott Hanson

LICENSE NUMBER: A71664 Calif

ADDRESS: 801 N. Justice Ave, Turin, CA 92705

SIGNATURE: [Signature]

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