

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

1201619027062

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A NAME OF CHILD - FIRST KAIYU	1B MIDDLE ICHIRO	1C LAST DINCO
	2 SEX MALE	3A THIS BIRTH, SINGLE, TWIN, ETC SINGLE	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC -
PLACE OF BIRTH	4A DATE OF BIRTH - MM/DD/YYYY 03/22/2016	4B HOUR - 24 HOUR CLOCK TIME 1254	
	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY PROVIDENCE LCM-TORRANCE	5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION 4101 TORRANCE BLVD	
NAME OF PARENT	5C CITY TORRANCE	5D COUNTY LOS ANGELES	
	6A NAME OF PARENT - FIRST ERIBERTO	6B MIDDLE ABCEDE	6C LAST - BIRTH NAME DINCO III
NAME OF PARENT	6D MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7 BIRTH-PLACE - STATE/ COUNTRY PHILIPPINES	8 DATE OF BIRTH 07/02/1976
	6A NAME OF PARENT - FIRST MADOKA	6B MIDDLE -	6C LAST - BIRTH NAME UNO
INFORMANT AND BIRTH CERTIFICATION	8D MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	9 BIRTH-PLACE - STATE/ COUNTRY JAPAN	10 DATE OF BIRTH 12/10/1980
	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 <i>Mrs. J. Dinco</i>	12B RELATIONSHIP TO CHILD Mother
LOCAL REGISTRAR	1 CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED	13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Teri Roque B.C.</i>	13B LICENSE NUMBER G63581
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT DONNA RICHEY, MD, 4201 TORRANCE BL., TORRANCE	14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT TERI ROQUE, BIRTH CLERK	15C DATE SIGNED 03/24/2016
15A DATE OF DEATH - MM/DD/YYYY	15B STATE FILE NO - STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE JEFFREY D GUNZENHAUSER, MD <i>J. Gunzenhauser</i>	17 DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 04/05/2016

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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



000895097

*Jeffrey D. Gunzenhauser, MD*  
VF  
Health Officer and Registrar

DATE ISSUED

APR 22 2016

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



CALOSANGOT