## STAYDE OF CALD FORNIA

CERTIFICATION OF VITAL RECORD



CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA 1201219019232 STATE FILE NUMBER LOCAL REGISTRATION NUMBER USE BLACK INK ONLY 1A NAME OF CHILD - FIRST NAKAO DIAZ LUNA 3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC 4A DATE OF BIRTH - MM/DD/CCYY 3A THIS BIRTH, SINGLE TWIN ETC 4B HOUR - 24 HOUR CLOCK TIME 02/20/2012 2230 FEMALE SINGLE 5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY 58 STREET ADDRESS - STREET AND NUMBER, OR LOCATION 2121 SANTA MONICA BOULEVARD ST. JOHN'S HEALTH CENTER 5D COUNTY LOS ANGELES SANTA MONICA 8 DATE OF BIRTH MM/DD/CCYY 6A NAME OF FATHER/PARENT FIRST 6B MIDDLE 6C LAST 08/04/1977 JOHNNY JOE DIAZ 10 BIRTHPLACE STATE/ COUNTRY 11 DATE OF BIATH MWDD/CCYY 9A NAME OF MOTHER/PARENT - FIRST 9B MIDDLE 9C LAST - BIRTH NAME YUKO NAKAO JAPAN 04/17/1980 12B RELATIONSHIP TO CHILD 12C DATE SIGNED MM/DD/CCYY I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR OTHER INFORMANT - SIGNATURE father 02/22/2012 3C DATE SIGNED MM/DD/CCYY DANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE 13B LICENSE NUMBER I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED ann A067519 02/22/2012 13D TYPED NAME TITLE AND MAILING ADDRESS OF ATTENDANT 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT A NISHIO, MD, 1301 20TH ST, SANTA MONICA 17 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY 15A DATE OF DEATH MM/DD/CCYY | 15B STATE FILE NO. STATE USE ONLY 16 LOCAL REGISTRAR - SIGNATURE JONATHAN E FIELDING, MD

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

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This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk
PBNCO (REV) 07/11