

# 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

1201319079632

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>THIS CHILD</b>	1A. NAME OF CHILD - FIRST <b>KANON</b>		1B. MIDDLE <b>LOUISE</b>		1C. LAST <b>ROY</b>	
	2. SEX <b>FEMALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. <b>-</b>		4A. DATE OF BIRTH - MM/DD/CCYY <b>07/09/2013</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>0356</b>
<b>PLACE OF BIRTH</b>	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>HOME</b>			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>708 N. SIERRA BONITA AVENUE</b>		
	5C. CITY <b>LOS ANGELES</b>			5D. COUNTY <b>LOS ANGELES</b>		
<b>FATHER/PARENT</b>	6A. NAME OF FATHER/PARENT - FIRST <b>DESTRIE</b>		6B. MIDDLE <b>GEORGE</b>		6C. LAST <b>ROY</b>	
	7. BIRTHPLACE - STATE/COUNTRY <b>CA</b>		8. DATE OF BIRTH - MM/DD/CCYY <b>05/11/1967</b>			
<b>MOTHER/PARENT</b>	9A. NAME OF MOTHER/PARENT - FIRST <b>MAAYA</b>		9B. MIDDLE <b>-</b>		9C. LAST - BIRTH NAME <b>OTA</b>	
	10. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>		11. DATE OF BIRTH - MM/DD/CCYY <b>02/07/1976</b>			
<b>INFORMANT AND BIRTH CERTIFICATION</b>	1. 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 		
	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.			13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE 		
	12B. RELATIONSHIP TO CHILD <b>MOTHER</b>			12C. DATE SIGNED - MM/DD/CCYY <b>09/17/2013</b>		
	13B. LICENSE NUMBER <b>FATHER</b>			13C. DATE SIGNED - MM/DD/CCYY <b>09/17/2013</b>		
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>DESTRIE G. ROY, 708 N. SIERRA BONITA AVE. LOS ANGELES, CA</b>						14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
<b>LOCAL REGISTRAR</b>	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE <b>JONATHAN E FIELDING, MD</b> 	
	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>09/17/2013</b>					

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

*Jonathan E. Fielding MD*  
VA

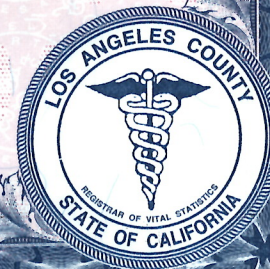
DATE ISSUED

**SEP 17 2013**

Director of Public Health and Registrar



\* HD 3353021 \*



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PENCO (REV) 08/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE