

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

CLERK-RECORDER

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201430026447

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST KAI	1B. MIDDLE DYLAN	1C. LAST IWATA
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 'ST, 2ND, ETC. -
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY SADDLEBACK MEMORIAL MED CTR		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 24451 HEALTH CENTER DRIVE
	5C. CITY LAGUNA HILLS		5D. COUNTY ORANGE
	6A. NAME OF FATHER/PARENT - FIRST IPPEI	6B. MIDDLE -	6C. LAST IWATA
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST ATSUMI	9B. MIDDLE -	9C. LAST - BIRTH NAME SATO
			10. BIRTHPLACE - STATE/COUNTRY JAPAN
INFORMANT AND BIRTH CERTIFICATION	12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>[Signature]</i>		12B. RELATIONSHIP TO CHILD <i>Father</i>
	12C. DATE SIGNED - MM/DD/CCYY 08/26/2014		12D. DATE SIGNED - MM/DD/CCYY 08/26/2014
	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i>		13B. LICENSE NUMBER G74511
	13C. DATE SIGNED - MM/DD/CCYY 08/26/2014		13D. DATE SIGNED - MM/DD/CCYY 08/26/2014
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT M ROBINSON, MD, 24411 HEALTH CTR DRIVE, LAGUNA HILLS			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT SUSAN BARRERO, BRTH COORD
15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD <i>[Signature]</i>	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 09/03/2014

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STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

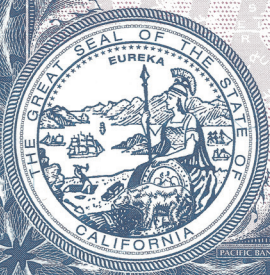
CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED **OCT 28 2014**

[Signature]
HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

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PBCO (REV) 06/13



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE