

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

1052010478201

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201019112925

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST KEITARO		1B. MIDDLE SHAWN		1C. LAST HAYASHI	
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -		4A. DATE OF BIRTH - MM/DD/CCYY 11/18/2010
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY PROVIDENCE LCM-TORRANCE			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 4101 TORRANCE BLVD		
	5C. CITY TORRANCE			5D. COUNTY LOS ANGELES		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST JAY		6B. MIDDLE DUANE		6C. LAST HAYASHI	
	7. BIRTHPLACE - STATE/COUNTRY HI		8. DATE OF BIRTH - MM/DD/CCYY 12/19/1975			
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST RIE		9B. MIDDLE -		9C. LAST - BIRTH NAME TAKADA	
	10. BIRTHPLACE - STATE/COUNTRY JAPAN		11. DATE OF BIRTH - MM/DD/CCYY 05/19/1976			
INFORMANT AND BIRTH CERTIFICATION	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 <i>Jay Horton</i>		12B. RELATIONSHIP TO CHILD FATHER	
	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Nicole Weber Supervisor</i>		12C. DATE SIGNED - MM/DD/CCYY 11/19/2010	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT FRANCINE ITO, MD, 4201 TORRANCE BLVD., TORRANCE		13B. LICENSE NUMBER G63053		13C. DATE SIGNED - MM/DD/CCYY 11/19/2010	
	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <i>Nicole Weber Supervisor</i>					
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE <i>Jonathan E Fielding, MD</i>	
					17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 12/10/2010	

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.
MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records
by:

*Linette T Scott*DATE ISSUED
FEB 17 2011LINETTE T SCOTT, MD, MPH, DEPUTY DIRECTOR
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISIONThis copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director.
(Rev) 11/08

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