

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY




1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CA 92701

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

1201430031455

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST <b>COLE</b>		1B. MIDDLE <b>HANSON</b>	1C. LAST <b>CHUK</b>	
	2. SEX <b>MALE</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>10/05/2014</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>0643</b>
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>SADDLEBACK MEMORIAL MED CTR</b>		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>24451 HEALTH CENTER DRIVE</b>		
	5C. CITY <b>LAGUNA HILLS</b>		5D. COUNTY <b>ORANGE</b>		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST <b>HENG</b>	6B. MIDDLE <b>-</b>	6C. LAST <b>CHUK</b>	7. BIRTHPLACE - STATE/COUNTRY <b>HONG KONG</b>	8. DATE OF BIRTH - MM/DD/CCYY <b>02/12/1980</b>
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST <b>NOZOMI</b>	9B. MIDDLE <b>-</b>	9C. LAST - BIRTH NAME <b>IWATA</b>	10. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>	11. DATE OF BIRTH - MM/DD/CCYY <b>03/20/1980</b>
INFORMANT AND BIRTH CERTIFICATION	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 		12B. RELATIONSHIP TO CHILD <b>Mother</b>
	1. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE 		12C. DATE SIGNED - MM/DD/CCYY <b>10/05/2014</b>
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>KENNETH JAMES, MD, 31852 COAST HWY, LAGUNA BEACH</b>			13B. LICENSE NUMBER <b>C52576</b>	
LOCAL REGISTRAR	16. LOCAL REGISTRAR - SIGNATURE <b>ERIC G. HANDLER, MD</b> 			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>SUSAN BARRERO, BRTH COORD</b>	
	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>10/14/2014</b>		

CERTIFIED COPY OF VITAL RECORDS



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STATE OF CALIFORNIA }  
COUNTY OF ORANGE } SS

DATE ISSUED

OCT 27 2014

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

  
ERIC G. HANDLER, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

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

PRNCO (06-1) (03/12)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

