

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

1200530017696

STATE FILE NUMBER

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

| | | | | | | |
|-------------------------|--|---|---|---|--|--|
| THIS CHILD | 1A. NAME OF CHILD — FIRST (GIVEN) MEGUMI | | 1B. MIDDLE LEIA | | 1C. LAST (FAMILY) KIKEGAWA | |
| | 2. SEX FEMALE | 3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE | 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. - | 4A. DATE OF BIRTH — MM/DD/CCYY 05/16/2005 | | 4B. HOUR — (24 HOUR CLOCK TIME) 2158 |
| PLACE OF BIRTH | 5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY WESTERN MEDICAL CTR-ANAHEIM | | | 5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION 1025 S. ANAHEIM BLVD | | |
| | 5C. CITY ANAHEIM | | | 5D. COUNTY ORANGE | | 5E. PLANNED PLACE OF BIRTH HOSPITAL |
| FATHER OF CHILD | 6A. NAME OF FATHER — FIRST (GIVEN) HIROSHI | | 6B. MIDDLE - | | 6C. LAST (FAMILY) KIKEGAWA | |
| | 6A. NAME OF FATHER — FIRST (GIVEN) HIROSHI | | 6B. MIDDLE - | | 6C. LAST (FAMILY) KIKEGAWA | |
| MOTHER OF CHILD | 9A. NAME OF MOTHER — FIRST (GIVEN) HARUMI | | 9B. MIDDLE - | | 9C. LAST (MAIDEN) SUZUKI | |
| | 9A. NAME OF MOTHER — FIRST (GIVEN) HARUMI | | 9B. MIDDLE - | | 9C. LAST (MAIDEN) SUZUKI | |
| INFORMANT CERTIFICATION | 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>Harumi Suzuki</i> | | | 12B. RELATIONSHIP TO CHILD MOTHER |
| | I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED. | | 13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE <i>A. De La Cruz, B.C.</i> | | | 13B. LICENSE NUMBER 456461 |
| CERTIFICATION OF BIRTH | 13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT M. FLICKER, RN, 1025 S. ANAHEIM BLVD, ANAHEIM | | | | 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT A. DE LA CRUZ, BIRTH CLERK | |
| | 15A. DATE OF DEATH | | 15B. STATE FILE NO. (STATE USE ONLY) | | 16. LOCAL REGISTRAR — SIGNATURE <i>Mark B. Horton</i> | |
| LOCAL REGISTRAR | 15A. DATE OF DEATH | | | | 17. DATE ACCEPTED FOR REGISTRATION 05/24/2005 | |

CERTIFIED COPY OF VITAL RECORDS

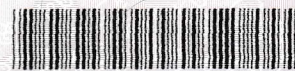
STATE OF CALIFORNIA
COUNTY OF ORANGE

}

SS

DATE ISSUED

APR 21 2006



001894732

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.

Hildy Meyers, M.D.

HILDY MEYERS, M.D.
INTERIM HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE