
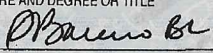



**COUNTY OF ORANGE**  
**HEALTH CARE AGENCY**  
1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CA 92701

**CERTIFICATE OF LIVE BIRTH**  
**STATE OF CALIFORNIA**  
**USE BLACK INK ONLY**

1200830006996

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
THIS CHILD	1A. NAME OF CHILD - FIRST <b>SOTA</b>		1B. MIDDLE <b>SHIMMURA</b>		1C. LAST <b>ODAJIMA</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>02/25/2008</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>0330</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>TAKASHI</b>	6B. MIDDLE <b>JIM</b>	6C. LAST <b>SHIMMURA</b>	7. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>	8. DATE OF BIRTH - MM/DD/CCYY <b>10/17/1952</b>
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST <b>TOMOKO</b>	9B. MIDDLE <b>-</b>	9C. LAST - BIRTH NAME <b>ODAJIMA</b>	10. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>	11. DATE OF BIRTH - MM/DD/CCYY <b>12/17/1968</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>Father</b>
	1. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE  <b>Eric G. Handler, M.D.</b>		12C. DATE SIGNED - MM/DD/CCYY <b>02/26/2008</b>
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>C KAMINSKAS, MD, 24411 HEALTH CTR DRIVE, LAGUNA HILLS</b>		13B. LICENSE NUMBER <b>G058880</b>		13C. DATE SIGNED - MM/DD/CCYY <b>02/26/2008</b>
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE  <b>ERIC G. HANDLER, MD</b>
					17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>03/03/2008</b>

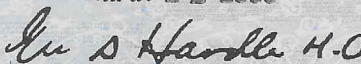
CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }  
COUNTY OF ORANGE } SS

DATE ISSUED **MAR 12 2008**

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.

