

CITY OF LONG BEACH

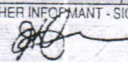
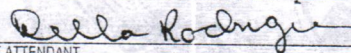

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 LONG BEACH, CALIFORNIA

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1200762007120

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST GRACE		1B. MIDDLE MAI		1C. LAST FUKUMA	
	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 09/18/2007	4B. HOUR - 24 HOUR CLOCK TIME 1328
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY LONG BEACH MEMORIAL MED CTR			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 2801 ATLANTIC AVE		
	5C. CITY LONG BEACH			5D. COUNTY LOS ANGELES		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST ALEXANDER		6B. MIDDLE KEI		6C. LAST FUKUMA	
	9A. NAME OF MOTHER/PARENT - FIRST KUNI		9B. MIDDLE -		9C. LAST - BIRTH NAME TATSUURA	
MOTHER/PARENT	7. BIRTHPLACE - STATE/COUNTRY CA		8. DATE OF BIRTH - MM/DD/CCYY 03/19/1974		10. BIRTHPLACE - STATE/COUNTRY JAPAN	
	11. DATE OF BIRTH - MM/DD/CCYY 02/05/1973		12A. PARENT OR OTHER INFORMANT - SIGNATURE 		12B. RELATIONSHIP TO CHILD Mother	
INFORMANT AND BIRTH CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE 		12C. DATE SIGNED - MM/DD/CCYY 09/19/2007	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13B. LICENSE NUMBER RESIDENT		13C. DATE SIGNED - MM/DD/CCYY 09/19/2007	
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT STACY HENIGSMAN, MD, 2801 ATLANTIC AVE, LONG BEACH				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT DELLA RODRIGUEZ, MGR HIS		
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE HELENE CALVET, MD 	
					17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 09/26/2007	

CERTIFIED COPY OF VITAL RECORDS



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STATE OF CALIFORNIA }
 CITY OF LONG BEACH } SS

DATE ISSUED

NOV 12 2007

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES.

HELENE CALVET, M.D.
 CITY HEALTH OFFICER
 REGISTRAR OF VITAL RECORDS

