

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

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

1201819088520

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>THIS CHILD</b>	1A. NAME OF CHILD - FIRST <b>KAEDE</b>		1B. MIDDLE -	1C. LAST <b>SUYAMA</b>			
	2. SEX <b>MALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -		4A. DATE OF BIRTH - MM/DD/YYYY <b>11/06/2018</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>1238</b>	
<b>PLACE OF BIRTH</b>	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>PROVIDENCE LCM-TORRANCE</b>			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>4101 TORRANCE BLVD</b>			
	5C. CITY <b>TORRANCE</b>			5D. COUNTY <b>LOS ANGELES</b>			
<b>NAME OF PARENT</b>	6A. NAME OF PARENT - FIRST <b>YU</b>	6B. MIDDLE -	6C. LAST - BIRTH NAME <b>SUYAMA</b>		6D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTHPLACE - STATE/ COUNTRY <b>JAPAN</b>	
	8. DATE OF BIRTH <b>01/01/1988</b>						
<b>NAME OF PARENT</b>	9A. NAME OF PARENT - FIRST <b>MIOU</b>	9B. MIDDLE -	9C. LAST - BIRTH NAME <b>TANIGUCHI</b>		9D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTHPLACE - STATE/ COUNTRY <b>CA</b>	
	11. DATE OF BIRTH <b>10/05/1989</b>						
<b>INFORMANT AND BIRTH CERTIFICATION</b>	12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>Miou Suyama</i>		12B. RELATIONSHIP TO CHILD <b>MOTHER</b>		12C. DATE SIGNED <b>11/08/2018</b>		
	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Shirley Erwin B.C.</i>		13B. LICENSE NUMBER <b>G066695</b>		13C. DATE SIGNED <b>11/08/2018</b>		
	13D. TYPED NAME, TITLE, AND MAILING ADDRESS OF ATTENDANT <b>DAVID S LU, MD, 20911 EARL STREET, TORRANCE</b>			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>SHIRLEY ERWIN, BIRTH CLERK</b>			
	15A. DATE OF DEATH - MM/DD/YYYY			15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE <b>MUNTU DAVIS, MD</b>	
<b>LOCAL REGISTRAR</b>				17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY <b>EL 11/14/2018</b>			

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

*Dean C. Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

JAN 07 2019



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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