

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

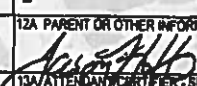
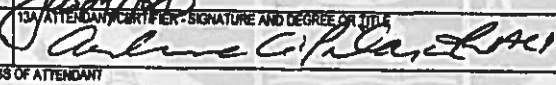
REGISTRAR-RECORDER/COUNTY CLERK

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

1201719049565

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

<b>THIS CHILD</b>	1A NAME OF CHILD - FIRST <b>MAIA</b>		1B MIDDLE <b>MATSUMOTO</b>		1C LAST <b>HOLT</b>	
	2 SEX <b>FEMALE</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>06/18/2017</b>	4B HOUR - 24 HOUR CLOCK TIME <b>0515</b>
<b>PLACE OF BIRTH</b>	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>KAISER DOWNEY MEDICAL CENTER</b>			5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>9333 EAST IMPERIAL HWY</b>		
	5C CITY <b>DOWNEY</b>			5D COUNTY <b>LOS ANGELES</b>		
<b>NAME OF FATHER</b>	6A NAME OF FATHER - FIRST <b>JASON</b>		6B MIDDLE <b>RICHARD</b>		6C LAST - BIRTH NAME <b>HOLT</b>	
	7A NAME OF FATHER - FIRST <b>KEIKO</b>		7B MIDDLE <b>-</b>		7C LAST - BIRTH NAME <b>MATSUMOTO</b>	
<b>INFORMANT AND BIRTH CERTIFICATION</b>	8A NAME OF FATHER - FIRST <b>KEIKO</b>		8B MIDDLE <b>-</b>		8C LAST - BIRTH NAME <b>MATSUMOTO</b>	
	9A NAME OF FATHER - FIRST <b>KEIKO</b>		9B MIDDLE <b>-</b>		9C LAST - BIRTH NAME <b>MATSUMOTO</b>	
	10A NAME OF FATHER - FIRST <b>KEIKO</b>		10B MIDDLE <b>-</b>		10C LAST - BIRTH NAME <b>MATSUMOTO</b>	
	11A NAME OF FATHER - FIRST <b>KEIKO</b>		11B MIDDLE <b>-</b>		11C LAST - BIRTH NAME <b>MATSUMOTO</b>	
12A PARENT OR OTHER INFORMANT - SIGNATURE 		12B RELATIONSHIP TO CHILD <b>FATHER</b>		12C DATE SIGNED <b>06/19/2017</b>		
13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE 		13B LICENSE NUMBER <b>G80949</b>		13C DATE SIGNED <b>06/19/2017</b>		
13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>M. ESTHER REYNOSO, MD, 9333 E IMPERIAL HWY, DOWNEY</b>		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>ARLENE A PILARCA RN ACD</b>				
15A DATE OF DEATH - MM/DD/CCYY		15B STATE FILE NO. - STATE USE ONLY		15C LOCAL REGISTRAR - SIGNATURE <b>JEFFREY D GUNZENHAUSER, MD SS</b>		
				17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>06/22/2017</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

SEP 13 2017



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



CALOSANGDE