

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

OKADO

1B MIDDLE HITOSHI NITTA 38 IF MULTIPLE, THIS CHILD 1ST. 2ND. ETC. 4A DATE OF BIRTH - MM/DD/CCYY 48 HOUR - 24 HOUR CLOCK TIME 09/15/2015 5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION TORRANCE MEMORIAL MED CENTER 3330 LOMITA BLVD. LOS ANGELES 6C LAST 7 BIRTHPLACE : STATE/ COUNTRY 8 DATE OF BIRTH :: MM/DD/CCYY NITTA JAPAN 03/27/1976 11 DATE OF BIRTH MM/DD/CCYY

13C DATE SIGNED - MM/DD/CCYY 09/16/2015 13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDAN 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT SANDRA RAMIREZ, BIRTH CLERK

DEEPJOT SINGH, MD, 3400 LOMITA BL. 500, TORRANCE SA DATE OF DEATH MAYDDICCYY. 158 STATE FILE NO - STATE USE ONLY. 16 LOCAL REGISTRAR - SIGNATURE

12A PARENT OR OTHER INFORMANT - SECRATURE

mm-

JEFFREY D GUNZENHAUSER,

02/05/1979

IZC DATE SIGNED - MAUDINCCYY

09/16/2015

1201519083572

LOCAL REGISTRATION NUMBER

mother

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

Deau C Logan DEAN C. LOGAN Registrar-Recorder County Clerk

STATE FILE NUMBER

5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY

3A THIS BIRTH, SINGLE, TWIN, ETC

6B MIDDLE

9B MIDDLE

SINGLE

1A NAME OF CHILD FIRST

DEVIN

TORRANCE

HIDEYA

SHOKO

6A NAME OF FATHER/PARENT . FIRST

9A NAME OF MOTHER/PARENT - FIRST

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

NOV 0 5 2015 1000000688446

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-I

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE?

