

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# CITY OF PASADENA

## PUBLIC HEALTH DEPARTMENT

1052016319679

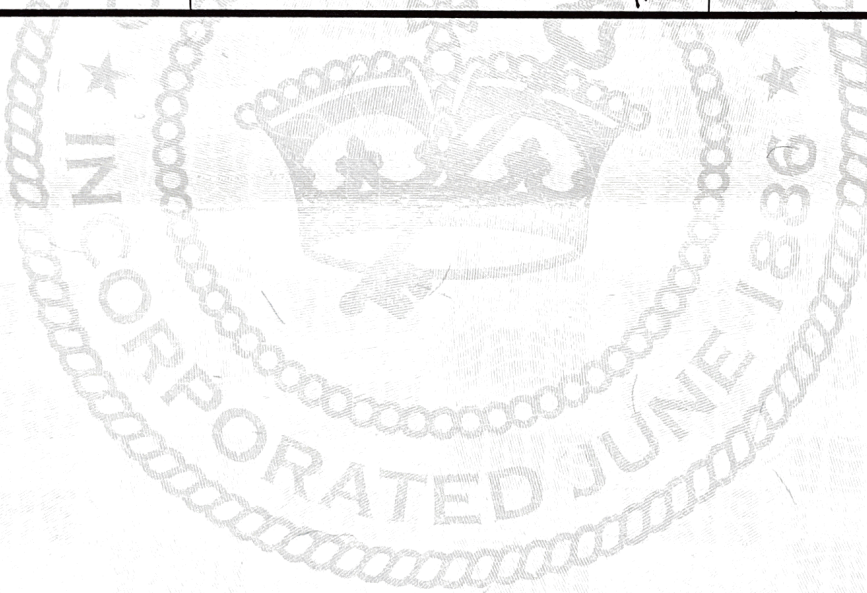
**CERTIFICATE OF LIVE BIRTH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

1201663002407

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST <b>KANTA</b>		1B. MIDDLE <b>JOSEPH</b>		1C. LAST <b>INAFUKU</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>09/13/2016</b>		4B. HOUR - 24 HOUR CLOCK TIME <b>0521</b>
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>HUNTINGTON MEMORIAL HOSPITAL</b>			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>100 W CALIFORNIA BLVD</b>		
	5C. CITY <b>PASADENA</b>			5D. COUNTY <b>LOS ANGELES</b>		
NAME OF PARENT	6A. NAME OF PARENT - FIRST <b>TRAVIS</b>		6B. MIDDLE <b>MAKOTO</b>		6C. LAST - BIRTH NAME <b>INAFUKU</b>	
	9A. NAME OF PARENT - FIRST <b>KAORU</b>		9B. MIDDLE <b>-</b>		9C. LAST - BIRTH NAME <b>NAKAMI</b>	
INFORMANT AND BIRTH CERTIFICATION	1. I 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 <i>[Signature]</i>		12B. RELATIONSHIP TO CHILD <i>mother</i>	
	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Alma Goldberg Birth Clerk</i>		13B. LICENSE NUMBER <b>A654996</b>	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>KERRI PARKS, MD, 1808 VERDUGO BLVD, # 208, GLENDALE</b>		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>ALMA GOLDBERG, BIRTH CLERK</b>			
	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>	
LOCAL REGISTRAR					17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>09/23/2016</b>	



This is to certify that this document is a true copy of the official record filed with the City of Pasadena.

*[Signature]*  
**YING-YING GOH, MD**  
HEALTH OFFICER

DATE ISSUED  
**MAY 16 2017**

This copy is not valid unless prepared on an engraved border, displaying the seal and signature of the Registrar.



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