

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

1201533018559

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST <b>MAYA</b>		1B. MIDDLE -		1C. LAST <b>MITCHELL</b>	
	2. SEX <b>FEMALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -		4A. DATE OF BIRTH - MM/DD/CCYY <b>10/02/2015</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>1633</b>
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>DESERT REGIONAL MEDICAL CENTER</b>			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>1150 N. INDIAN CANYON DR</b>		
	5C. CITY <b>PALM SPRINGS</b>			5D. COUNTY <b>RIVERSIDE</b>		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST <b>JOHN</b>		6B. MIDDLE <b>ARAI</b>		6C. LAST <b>MITCHELL</b>	
	7. BIRTHPLACE - STATE/ COUNTRY <b>DC</b>		8. DATE OF BIRTH - MM/DD/CCYY <b>12/29/1968</b>			
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST <b>ERIKO</b>		9B. MIDDLE -		9C. LAST - BIRTH NAME <b>MATSUYAMA</b>	
	10. BIRTHPLACE - STATE/ COUNTRY <b>JAPAN</b>		11. DATE OF BIRTH - MM/DD/CCYY <b>02/23/1979</b>			
INFORMANT AND BIRTH CERTIFICATION	1. 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 <b>MOTHER</b>
	1. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Cindy Davenport PSI Leader</i>			12C. DATE SIGNED - MM/DD/CCYY <b>10/03/2015</b>
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>ENRIQUE G JACOME, MD, 39935 VISTA DEL SOL, RANCHO MIRAGE</b>				13B. LICENSE NUMBER <b>A44682</b>	
					13C. DATE SIGNED - MM/DD/CCYY <b>10/03/2015</b>	
LOCAL REGISTRAR	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>CINDY DAVENPORT, PSI LEADER</b>					
	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <b>CAMERON KAISER, MD</b>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>10/07/2015</b>	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.



DATE ISSUED **Nov 24, 2015**

*[Signature]*  
Dr. Cameron Kaiser, M.D., Health Officer  
RIVERSIDE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE