

# 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

1201319118300

STATE FILE NUMBER

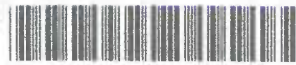
LOCAL REGISTRATION NUMBER

<b>THIS CHILD</b>	1A. NAME OF CHILD - FIRST <b>YUZUKI</b>		1B. MIDDLE -		1C. LAST <b>SEKINE</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>12/19/2013</b>		4B. HOUR - 24 HOUR CLOCK TIME <b>1230</b>	
<b>PLACE OF BIRTH</b>	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>TORRANCE MEMORIAL MED CENTER</b>			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>3330 LOMITA BLVD.</b>			
	5C. CITY <b>TORRANCE</b>			5D. COUNTY <b>LOS ANGELES</b>			
<b>FATHER/PARENT</b>	6A. NAME OF FATHER/PARENT - FIRST <b>MASASHI</b>		6B. MIDDLE -		6C. LAST <b>SEKINE</b>		
	7. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>		8. DATE OF BIRTH - MM/DD/CCYY <b>07/13/1978</b>				
<b>MOTHER/PARENT</b>	9A. NAME OF MOTHER/PARENT - FIRST <b>CHIE</b>		9B. MIDDLE -		9C. LAST - BIRTH NAME <b>HARADA</b>		
	10. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>		11. DATE OF BIRTH - MM/DD/CCYY <b>06/29/1975</b>				
<b>INFORMANT AND BIRTH CERTIFICATION</b>	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>Father</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>Mayra Peralta, Birth clerk</i>			13B. LICENSE NUMBER <b>A93220</b>	
	13C. DATE SIGNED - MM/DD/CCYY <b>12/20/2013</b>		13C. DATE SIGNED - MM/DD/CCYY <b>12/20/2013</b>				
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>SOHA ELGHARIB, MD, 510 N. PROSPECT AVE. #320, REDONDO BEACH</b>				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>MAYRA PERALTA, BIRTH CLERK</b>		
<b>LOCAL REGISTRAR</b>	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE <b>JONATHAN E FIELDING, MD</b> <i>[Signature]</i>		
						17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>01/08/2014</b>	

MAR 24 2014

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



\* 002743906 \*

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.  
PBNC0 IREV 07/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

