



	STATE FILE NUMBER		STA	CATE OF LIVE B TE OF CALIFORNIA SE BLACK INK ONLY		- 10	120091909		
	1A NAME OF CHILD FIRST		18 MIDDLE	18 MIDDLE		1C LAST			
캶	AYAKA		SOPHI	SOPHIE		MORITA			
	2 SEX 3A THIS BIRTH, SINGLE, TWIN, ETC		38 IF MULTIPL	38 IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC		4A DATE OF BIRTH - MM/DD/CCYY		4B HOUR - 24 HOUR CLOCK TIME	
	FEMALE SINGLE		/45			09/20/2009		2050	
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY			5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION					
	SANTA MONICA UCLA MED CNTR			1250 16TH STREET					
	5C CITY			5D COUNTY					
	SANTA MONICA			LOS ANGELES					
FATHER/ PARENT	6A NAME OF FATHER/PARENT - FIRST 6B MIDDLE			6C LAST			7 BIRTHPLACE STATE/ COUNTRY	8 DATE OF BIRTH MM/DD/CCYY	
	YASUSHI	ASUSHI - ACCOUNT		MORITA			JAPAN	01/29/1972	
MOTHER	9A NAME OF MOTHER/PARENT - FIRST	9B MIDDLE		9C LAST - BIRTH NAME			10 BIRTHPLACE STATE/ COUNTR	Y 11 DATE OF BIRTH MM/DD/CCYY	
	HANAE	HANNA		KUME		JAPAN		06/30/1973	
INFORMANT AND BIRTH CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED 12A PARENT OR OTHER INFORMATION AND THAT IT IS TRUE AND			SIGNATURE		12B RELATIONSHIP TO CHILD		12C DATE SIGNED - MM/DD/CCYY	
	CORRECT TO THE BEST OF MY KNOWLEDGE		Much			FATHER		09/22/2009	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED		ERTIFIER - SIGNATU	RTIFIER - SIGNATURE AND DEGREE OR TITLE		13B LICENSE NUMBER		13C DATE SIGNED MM/DD/CCYY	
			lusan D Nota RU		શ્પ 💮	A86726		09/22/2009	
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT					14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT			
	DAVID GHOZLAND, MD, 8474 W. 3RD STREET, LOS ANGELES					SUSAN D NOLAN, RN			
- 3	15A DATE OF DEATH MM/DD/CCYY 15B STATE FILE NO. STATE USE ONLY 16 LOCAL REGISTRAR - SIGNATURE					17 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY			
LOCAL			JONATHAN E FIELDING			MD 55 09/30/2009			

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 Registrar-Recorder County Clerk



