

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A


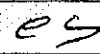
SANTA ANA, CA 92701

CERTIFICATE OF LIVE BIRTH

1201030007204

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST <b>SANA</b>	1B. MIDDLE <b>SHIMMURA</b>	1C. LAST <b>ODAJIMA</b>
	2. SEX <b>FEMALE</b>	3A. THIS BIRTH - SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. <b>-</b>
PLACE OF BIRTH	4A. DATE OF BIRTH - MM/DD/CCYY <b>03/04/2010</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>1150</b>	
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>HOAG MEMORIAL HOSPITAL</b>		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>ONE HOAG DRIVE</b>
FATHER/PARENT	5C. CITY <b>NEWPORT BEACH</b>	5D. COUNTY <b>ORANGE</b>	
	6A. NAME OF FATHER/PARENT - FIRST <b>TAKASHI</b>	6B. MIDDLE <b>JIM</b>	6C. LAST <b>SHIMMURA</b>
MOTHER/PARENT	7. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>	8. DATE OF BIRTH - MM/DD/CCYY <b>10/17/1952</b>	
	9A. NAME OF MOTHER/PARENT - FIRST <b>TOMOKO</b>	9B. MIDDLE <b>-</b>	9C. LAST - BIRTH NAME <b>ODAJIMA</b>
INFORMANT AND BIRTH CERTIFICATION	10. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>	11. DATE OF BIRTH - MM/DD/CCYY <b>12/17/1968</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 	12B. RELATIONSHIP TO CHILD <b>FATHER</b>
	2. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <b>L. Felix, MD</b>	12C. DATE SIGNED - MM/DD/CCYY <b>03/05/2010</b>
	13B. LICENSE NUMBER <b>A-68416</b>	13C. DATE SIGNED - MM/DD/CCYY <b>03/05/2010</b>	
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>J LEE, MD, 351 HOSPITAL RD #316, NEWPORT BEACH</b>		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>L FELIX, MD</b>	
15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <b>ERIC G. HANDLER, MD</b> 	
		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>03/10/2010</b>	

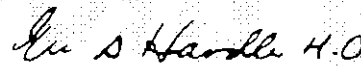
CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }  
COUNTY OF ORANGE } SS

DATE ISSUED **MAR 18 2010**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

  
ERIC G. HANDLER, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

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

