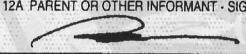



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

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

1201119049090

|                                   |  |  |  |  |   |
|-----------------------------------|--|--|--|--|---|
| STATE FILE NUMBER                 |  | LOCAL REGISTRATION NUMBER                        |  |  |   |
| THIS CHILD                        | 1A NAME OF CHILD - FIRST<br><b>YUMA</b>  | 1B MIDDLE<br>-                                   | 1C LAST<br><b>FUKUYOSHI</b>  |  |   |
|                                   | 2 SEX<br><b>MALE</b>   | 3A THIS BIRTH SINGLE, TWIN, ETC<br><b>SINGLE</b> | 3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC<br>-  | 4A DATE OF BIRTH - MM/DD/CCYY<br><b>06/03/2011</b>   | 4B HOUR - 24 HOUR CLOCK TIME<br><b>2107</b>                         |
| PLACE OF BIRTH                    | 5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY<br><b>PROVIDENCE LCM-TORRANCE</b>   |  | 5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION<br><b>4101 TORRANCE BLVD</b>  |  |   |
|                                   | 5C CITY<br><b>TORRANCE</b>   |  | 5D COUNTY<br><b>LOS ANGELES</b>  |  |   |
| FATHER/PARENT                     | 6A NAME OF FATHER/PARENT - FIRST<br><b>BUNJI</b>   | 6B MIDDLE<br>-                                   | 6C LAST<br><b>FUKUYOSHI</b>  | 7 BIRTHPLACE STATE/COUNTRY<br><b>JAPAN</b>   | 8 DATE OF BIRTH - MM/DD/CCYY<br><b>06/18/1965</b>                   |
| MOTHER/PARENT                     | 9A NAME OF MOTHER/PARENT - FIRST<br><b>MANAMI</b>  | 9B MIDDLE<br>-                                   | 9C LAST - BIRTH NAME<br><b>INAGAWA</b>   | 10 BIRTHPLACE STATE/COUNTRY<br><b>JAPAN</b>  | 11 DATE OF BIRTH - MM/DD/CCYY<br><b>11/22/1974</b>                  |
| INFORMANT AND BIRTH CERTIFICATION | 12A PARENT OR OTHER INFORMANT - SIGNATURE<br> |  | 12B RELATIONSHIP TO CHILD<br><b>Father</b>   | 12C DATE SIGNED - MM/DD/CCYY<br><b>06/06/2011</b>  |   |
|                                   | 13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE<br><b>Nicole Weber Supervisor</b>  |  | 13B LICENSE NUMBER<br><b>G066695</b>   | 13C DATE SIGNED - MM/DD/CCYY<br><b>06/06/2011</b>  |   |
|                                   | 13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT<br><b>DAVID S LU, MD, 20911 EARL STREET, TORRANCE</b>                     |  |  | 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT<br><b>Nicole Weber Supervisor</b> |   |
| LOCAL REGISTRAR                   | 15A DATE OF DEATH - MM/DD/CCYY   | 15B STATE FILE NO STATE USE ONLY                 | 16 LOCAL REGISTRAR - SIGNATURE<br><b>JONATHAN E FIELDING, MD</b>  |  | 17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY<br><b>06/17/2011</b> |

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

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

PBNC0 (REV) 07/09

SEP 21 2011



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