

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

1201019039230  
LOCAL REGISTRATION NUMBER

|                                   |  |   |  |
|-----------------------------------|--|---|--|
| STATE FILE NUMBER                 |  | 1201019039230                                   |  |
| THIS CHILD                        | 1A NAME OF CHILD - FIRST<br><b>YUSHI</b>   | 1B MIDDLE<br><b>DANIEL</b>                      | 1C LAST<br><b>YAMAMOTO</b>   |
|                                   | 2 SEX<br><b>MALE</b>   | 3A THIS BIRTH, SINGLE, TWIN, ETC<br><b>TWIN</b> | 3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC<br><b>2ND</b>                                     |
| PLACE OF BIRTH                    | 4A DATE OF BIRTH - MM/DD/CCYY<br><b>04/26/2010</b>   |   | 4B HOUR - 24 HOUR CLOCK TIME<br><b>0310</b>  |
|                                   | 5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY<br><b>TORRANCE MEMORIAL MSD CENTER</b>                        |   | 5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION<br><b>3330 LOMITA 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>MASAHIKO</b>  | 6B MIDDLE<br><b>-</b>                           | 6C LAST<br><b>YAMAMOTO</b>   |
|                                   | 7 BIRTHPLACE - STATE/COUNTRY<br><b>JAPAN</b>   |   | 8 DATE OF BIRTH - MM/DD/CCYY<br><b>08/10/1971</b>  |
| MOTHER PARENT                     | 9A NAME OF MOTHER/PARENT - FIRST<br><b>AKIKO</b>   | 9B MIDDLE<br><b>-</b>                           | 9C LAST - BIRTH NAME<br><b>INAMI</b>   |
|                                   | 10 BIRTHPLACE - STATE/COUNTRY<br><b>JAPAN</b>  |   | 11 DATE OF BIRTH - MM/DD/CCYY<br><b>11/07/1969</b>   |
| INFORMANT AND BIRTH CERTIFICATION | 12A PARENT OR OTHER INFORMANT - SIGNATURE<br><i>[Signature]</i>  |   | 12B RELATIONSHIP TO CHILD<br><b>Father</b>   |
|                                   | 12C DATE SIGNED - MM/DD/CCYY<br><b>04/27/2010</b>  |   | 13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE<br><b>Phyllis Pinon, RHET</b>      |
|                                   | 13B LICENSE NUMBER<br><b>G054975</b>   |   | 13C DATE SIGNED - MM/DD/CCYY<br><b>04/27/2010</b>  |
|                                   | 13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT<br><b>HENRY WU, MD, 520 N PROSPECT AVE, REDONDO BCH</b> |   | 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT<br><b>PHYLLIS PINON, RHIT</b> |
| LOCAL REGISTRATION                | 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> <i>SS</i>                 |
|                                   |  |   | 17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY<br><b>05/12/2010</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

NOV 23 2010



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

PRNCO (Rev) 07/99



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE