

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

1200734018415

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST <b>YOSHINARI</b>		1B. MIDDLE <b>J</b>	1C. LAST <b>TSUGE</b>	
	2. SEX <b>MALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. <b>-</b>	4A. DATE OF BIRTH - MM/DD/CCYY <b>09/30/2007</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>1411</b>
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>KAISER FOUNDATION HOSPITAL</b>		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>2025 MORSE AVENUE</b>		
	5C. CITY <b>SACRAMENTO</b>		5D. COUNTY <b>SACRAMENTO</b>		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST <b>MOTO</b>	6B. MIDDLE <b>-</b>	6C. LAST <b>TSUGE</b>	7. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>	8. DATE OF BIRTH - MM/DD/CCYY <b>01/06/1975</b>
	9A. NAME OF MOTHER/PARENT - FIRST <b>MIKA</b>	9B. MIDDLE <b>-</b>	9C. LAST - BIRTH NAME <b>SUZUKI</b>	10. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>	11. DATE OF BIRTH - MM/DD/CCYY <b>02/14/1973</b>
INFORMANT AND BIRTH CERTIFICATION	I 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>Mika Tsuge</i>		12B. RELATIONSHIP TO CHILD <b>MOTHER</b>
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Glennah I. Trochet</i>		12C. DATE SIGNED - MM/DD/CCYY <b>10/01/2007</b>
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>DAVID Y UYENO, MD, 2025 MORSE AVE, SACRAMENTO</b>			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>BRIAN H PARK, PNS</b>	
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <b>GLENNAH I. TROCHET, M.D.</b> <i>us</i>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>10/02/2007</b>

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss  
COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

DATE ISSUED: **November 1, 2007**



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*Glennah I. Trochet M.D.*

LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE