

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER


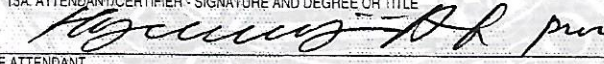

Auburn, California 95603

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201131006425

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST MORIMICHI		1B. MIDDLE N		1C. LAST TSUGE	
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -		4A. DATE OF BIRTH - MM/DD/CCYY 10/08/2011	4B. HOUR - 24 HOUR CLOCK TIME 0628
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY KAISER FOUNDATION HOSP-ROSEVILLE			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 1640 EUREKA RD		
	5C. CITY ROSEVILLE			5D. COUNTY PLACER		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST MOTO	6B. MIDDLE -	6C. LAST TSUGE		7. BIRTHPLACE - STATE/ COUNTRY JAPAN	8. DATE OF BIRTH - MM/DD/CCYY 01/06/1975
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST MIKA	9B. MIDDLE -	9C. LAST - BIRTH NAME SUZUKI		10. BIRTHPLACE - STATE/ COUNTRY JAPAN	11. DATE OF BIRTH - MM/DD/CCYY 02/14/1973
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 		12B. RELATIONSHIP TO CHILD MOTHER	12C. DATE SIGNED - MM/DD/CCYY 10/09/2011
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE 		13B. LICENSE NUMBER A115530	13C. DATE SIGNED - MM/DD/CCYY 10/09/2011
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT ANNA KNEITEL, MD, 1600 EUREKA ROAD, ROSEVILLE				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT BRIAN H PARK, PNS	
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE RICHARD J. BURTON, M.D. 			17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 10/12/2011



**CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF PLACER**

* 000362764 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED **03/01/2012**

Richard J. Burton, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE