

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

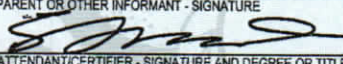

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CALIFORNIA 92701

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201730020834
LOCAL REGISTRATION NUMBER

| | | | |
|---|---|---|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
| THIS CHILD | 1A. NAME OF CHILD - FIRST KAISEI | 1B. MIDDLE NICHOLAS | 1C. LAST MATSUYAMA |
| | 2. SEX MALE | 3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE | 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. - |
| PLACE OF BIRTH | 5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY HOAG MEMORIAL HOSPITAL | | 4A. DATE OF BIRTH - MM/DD/CCYY 07/14/2017 |
| | 5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION ONE HOAG DRIVE | | 4B. HOUR - 24 HOUR CLOCK TIME 1411 |
| | 5C. CITY NEWPORT BEACH | | 5D. COUNTY ORANGE |
| NAME OF PARENT | 6A. NAME OF PARENT - FIRST SHIGERU | 6B. MIDDLE - | 6C. LAST - BIRTH NAME MATSUYAMA |
| | 9A. NAME OF PARENT - FIRST MIRA | 9B. MIDDLE - | 9C. LAST - BIRTH NAME ISHIGAMORI |
| INFORMANT AND BIRTH CERTIFICATION | 12A. PARENT OR OTHER INFORMANT - SIGNATURE  | | 6D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT |
| | 12B. RELATIONSHIP TO CHILD Father | | 7. BIRTHPLACE - STATE/ COUNTRY JAPAN |
| | 12C. DATE SIGNED 07/16/2017 | | 8. DATE OF BIRTH 08/29/1975 |
| | 12D. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. | | 9D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT |
| 13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE Roxana Cornejo, HIM | | 10. BIRTHPLACE - STATE/ COUNTRY JAPAN | 11. DATE OF BIRTH 04/05/1978 |
| 13B. LICENSE NUMBER C-55705 | | 13C. DATE SIGNED 07/16/2017 | |
| 13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT K SPIELVOGEL, MD, 17742 BEACH BLVD #345, HUNTINGTON BEACH | | 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT ROXANA CORNEJO, HIM | |
| LOCAL REGISTRAR | 15A. DATE OF DEATH - MM/DD/CCYY | 15B. STATE FILE NO. - STATE USE ONLY | 16. LOCAL REGISTRAR - SIGNATURE  |
| | | | 17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 07/19/2017 |

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ORANGE



003996573

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.

DATE ISSUED July 31, 2017


ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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