

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

1A NAME OF CHILD - FIRST KOJI		1B MIDDLE DEAN		1C LAST KONISHI	
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 06/15/2010			
4B HOUR - 24 HOUR CLOCK TIME 1803		5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY PROVIDENCE LCM-TORRANCE			
5B STREET ADDRESS - STREET AND NUMBER OR LOCATION 4101 TORRANCE BLVD		5C CITY TORRANCE			
6A NAME OF FATHER/PARENT - FIRST TAKAFUMI		6B MIDDLE -		6C LAST KONISHI	
9A NAME OF MOTHER/PARENT - FIRST MICHELLE		9B MIDDLE AI		9C LAST - BIRTH NAME LA PIERRE	
12A PARENT OR OTHER INFORMANT - SIGNATURE <i>Steph Konishi</i>		12B RELATIONSHIP TO CHILD Father			
13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>April Monones Supervisor</i>		13B LICENSE NUMBER A91708		13C DATE SIGNED - MM/DD/CCYY 06/18/2010	
13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT HEATHER MILLER, MD, 4201 TORRANCE BLVD, TORRANCE		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT April Monones Supervisor			
15A DATE OF DEATH - MM/DD/CCYY		15B STATE FILE NO. - STATE USE ONLY		15C LOCAL REGISTRATION - SIGNATURE	
16 LOCAL REGISTRATION - SIGNATURE		17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 07/07/2010			

STATE FILE NUMBER
1201019055889

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION NUMBER
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9C LAST - BIRTH NAME

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12B RELATIONSHIP TO CHILD

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