

COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK

1201519083539

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

DATE OF BIRTH		PLACE OF BIRTH		FATHER'S NAME		MOTHER'S NAME	
14. NAME OF CHILD - FIRST SOPHIE		15. SEX FEMALE		16. NAME OF FATHER - FIRST WASSERMAN		17. NAME OF MOTHER - FIRST ITANO	
18. DATE OF BIRTH 09/16/2015		19. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY TORRANCE MEMORIAL HND CENTER		20. STREET ADDRESS - STREET AND NUMBER OF LOCATION 3330 LOMITA BLVD.		21. HOUR - IN HOUR/CLOCK TIME 0933	
22. CITY TORRANCE		23. COUNTY LOS ANGELES		24. STATE CA		25. DATE OF BIRTH - HOSPITAL 12/16/1976	
26. NAME OF FATHER - LAST STEVEN		27. NAME OF FATHER - MIDDLE ITANO		28. NAME OF FATHER - FIRST WASSERMAN		29. DATE OF BIRTH - HOSPITAL 03/01/1978	
30. NAME OF MOTHER - LAST LAURA		31. NAME OF MOTHER - MIDDLE -		32. NAME OF MOTHER - FIRST HARIMATSU		33. DATE OF BIRTH - HOSPITAL 09/17/2015	
34. SIGNATURE OF FATHER <i>At 16 21</i>		35. SIGNATURE OF MOTHER <i>Sandra Ramirez, Birth Clerk</i>		36. RELATIONSHIP TO CHILD Father		37. DATE SIGNED 09/17/2015	
38. SIGNATURE OF REGISTRAR/RECORDER/COUNTY CLERK <i>Jeffrey D Gunzenlauser</i>		39. SIGNATURE OF WITNESS <i>Jeffrey D Gunzenlauser</i>		40. LOCAL RECORDER NUMBER Q35295		41. DATE SIGNED 09/17/2015	
42. NAME AND TITLE OF REGISTRAR/RECORDER/COUNTY CLERK JEFFREY J COWAN, MD, 4201 TORRANCE BLVD, #600, TORRANCE		43. NAME AND TITLE OF WITNESS JEFFREY D GUNZENLAUSER, MD		44. NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDING SANDRA RAMIREZ, BIRTH CLERK		45. DATE ACCEPTED THE RECORD 09/24/2015	

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 REGISTRAR-RECORDER/COUNTY CLERK

MAR 03 2016



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