

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

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

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA
USE BLACK INK ONLY

1201330007436

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
THIS CHILD	1A. NAME OF CHILD - FIRST NIKKO	1B. MIDDLE -	1C. LAST SUGITA		
	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 03/12/2013	4B. HOUR - 24 HOUR CLOCK TIME 1855
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY HOAG MEMORIAL HOSPITAL		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION ONE HOAG DRIVE		
	5C. CITY NEWPORT BEACH		5D. COUNTY ORANGE		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST GENE	6B. MIDDLE MAKOTO	6C. LAST SUGITA	7. BIRTHPLACE - STATE/COUNTRY CA	8. DATE OF BIRTH - MM/DD/CCYY 05/14/1976
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST KANA	9B. MIDDLE -	9C. LAST - BIRTH NAME YOSHIDA	10. BIRTHPLACE - STATE/COUNTRY CA	11. DATE OF BIRTH - MM/DD/CCYY 09/06/1987
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>[Signature]</i>		12B. RELATIONSHIP TO CHILD MOTHER
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i>		12C. DATE SIGNED - MM/DD/CCYY 03/13/2013
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT J BARBER, MD, 400 NEWPORT CTR DR #409, NEWPORT BEACH		13B. LICENSE NUMBER G-86802		13C. DATE SIGNED - MM/DD/CCYY 03/13/2013
USA/RESIDENT	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD <i>[Signature]</i>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 03/19/2013

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED **APR 19 2013**

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.

[Signature]
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

