

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

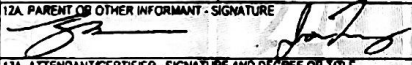

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201762007238

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER						LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST RAY		1B. MIDDLE -		1C. LAST TERRY		
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -		4A. DATE OF BIRTH - MM/DD/YYYY 11/08/2017	4B. HOUR - 24 HOUR CLOCK TIME 2336	
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY LONG BEACH MEMORIAL MED CTR			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 2801 ATLANTIC AVE			
	5C. CITY LONG BEACH			5D. COUNTY LOS ANGELES			
NAME OF FATHER	6A. NAME OF FATHER - FIRST JASON		6B. MIDDLE ELVIS	6C. LAST - BIRTH NAME TERRY		7. BIRTHPLACE - STATE/COUNTRY <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT OH	8. DATE OF BIRTH 09/11/1977
	9A. NAME OF FATHER - FIRST MAYU		9B. MIDDLE -	9C. LAST - BIRTH NAME MATSUDA		10. BIRTHPLACE - STATE/COUNTRY <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT JAPAN	11. DATE OF BIRTH 11/25/1978
INFORMANT AND BIRTH CERTIFICATION	1. 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 PARENTS		12C. DATE SIGNED 11/12/2017
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE  Jacqueline King, MD		13B. LICENSE NUMBER RESIDENT		13C. DATE SIGNED 11/12/2017
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT JACQUELINE KING, MD, 2801 ATLANTIC AVENUE, LONG BEACH				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT TESSIE ROBILLOS, MGR HIM		
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/YYYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE ANISSA DAVIS, MD, MPH			17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 11/21/2017	

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

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

MAR 04 2022



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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