

## CITY OF PASADENA

PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

1201463002335

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		
THIS CHILD	1A. NAME OF CHILD - FIRST <b>CHIHIRO</b>	1B. MIDDLE -	1C. LAST <b>HARAGUCHI</b>	
	2. SEX <b>MALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>TWIN</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. <b>1ST</b>	
PLACE OF BIRTH	4A. DATE OF BIRTH - MM/DD/CCYY <b>09/16/2014</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>1018</b>		
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>HUNTINGTON MEMORIAL HOSPITAL</b>	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>100 W CALIFORNIA BLVD</b>		
	5C. CITY <b>PASADENA</b>	5D. COUNTY <b>LOS ANGELES</b>		
FATHER PARENT	6A. NAME OF FATHER/PARENT - FIRST <b>UDAI</b>	6B. MIDDLE -	6C. LAST <b>HARAGUCHI</b>	
MOTHER PARENT	7. BIRTHPLACE - STATE/ COUNTRY <b>SWITZERLAND</b>	8. DATE OF BIRTH - MM/DD/CCYY <b>11/26/1974</b>		
INFORMANT AND BIRTH CERTIFICATION	9A. NAME OF MOTHER/PARENT - FIRST <b>MAKI</b>	9B. MIDDLE -	9C. LAST - BIRTH NAME <b>IKEDA</b>	
	10. BIRTHPLACE - STATE/ COUNTRY <b>JAPAN</b>	11. DATE OF BIRTH - MM/DD/CCYY <b>02/20/1976</b>		
	12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>Udai Haraguchi</i>	12B. RELATIONSHIP TO CHILD <i>father</i>	12C. DATE SIGNED - MM/DD/CCYY <i>9/20/14</i>	
	13A. ATTENDANT CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Frances Teng MD</i>	13B. LICENSE NUMBER <b>G073396</b>	13C. DATE SIGNED - MM/DD/CCYY <i>9.20.14</i>	
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>FRANCES TENG, MD, 50 BELLEFONTAINE ST. # 305, PASADENA</b>		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
LOCAL REGISTRATION	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <b>YING YING GOH, MD</b> <i>Ying Ying Goh</i>	
			17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>09/25/2014</b>	



This is to certify that this document is a true copy of the official record filed with the City of Pasadena.

*Eric G. Walsh MD*  
ERIC G. WALSH, M.D.  
HEALTH OFFICER

*Ying Ying Goh MD*  
DATE SIGNED  
**10/10/2014**



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

