STATE OF CALD ED RNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

CLERK-RECORDER

CERTIFICATE OF LIVE BIRTH

1201730025622

| STATE FILE NUMBER | | | | USE BLACK INK ONLY | | | LOCAL REGISTRATION NUMBER | | | | |
|--------------------------------------|---|----------|-------------------|-----------------------|--|-----------------------------------|---|------------------------|-------------------------------|---------------------------------------|--|
| CHICS | 1A. NAME OF CHILD - FIRST BROOKE | | | | 18. MIDDLE MAYU KIKUCHI | | 1C, LAST ANDERSON | | | | |
| | 2. SEX 3A. THIS BIRTH, SINGLE, TWIN, ETC: FEMALE SINGLE | | | 3B. IF MULT | 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. | | 4A. DATE OF BIRTH - MW/DD/CCYY 08/22/2017 | | | 48. HOUR - 24 HOUR CLOCK TIME 1648 | |
| PLACE OF BIRTH | 5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY ST. JOSEPH HOSPITAL | | | | 5B. STREET ADDRESS - STREET AND NUMBER OR LOCATION 1100 W. STEWART DR. | | | | | | |
| | SC, CITY ORANGE | | | | 50. COUNTY ORANGE | | | | | | |
| NAME OF PARENT | 6A. NAME OF PARENT - FIRST | | 6B. MIDDLE EDWARD | | 6C. LAST - BIRTH NAME ANDERSON | | 6D. MOTHER FATHER PARENT | 7. BIRTHPLACE - STATE | COUNTRY | 8. DATE OF BIRTH 04/11/1968 | |
| NAME OF PARENT | 9A. NAME OF PARENT - FIRST | <i>i</i> | 9B. MIDDLE | | 9C. LAST - BIRTH NAME KIKUCHI | | 9D. MOTHER FATHER PARENT | 10. BIRTHPLACE - STATE | COUNTRY | 11. DATE OF BIRTH 05/12/1976 | |
| 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. | | R INFORMANT - | INFORMANT - SIGNATURE | | 128. RELATIONSHIP TO CHILD PARENT | | | 12C. DATE SIGNED 08/23/201 | | |
| | | | | PHILIPIER - SIGNATU | IRE AND DEGREE OR TITLE | | 13B. LICENSE NUMBER G66437 | | . (| 13C DATE SIGNED 08/23/2017 | |
| | 13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT CORINNE SUGIHARA, MD, 1441 AVOCADO AV | | | | E , NEWPORT BEACH | | 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDAY SONIA NOVELIA BRT | | | | |
| LOCAL | 15A DATE OF DEATH - MM/DD/CCYY 15B. STATE FILE NO STATE USE ONLY 16. LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD W 08/29/2017 | | | | | | | | | | |

123767

* 0 0 6 6 2 6 2 4 C *

STATE OF CALIFORNIA COUNTY OF ORANGE

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED

OCT 12 2017

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.