

COUNTY OF LOS ANGELES · REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH

1200519138546

	STATE FILE NUMBER		BLACK INK ONLY	LOCAL R	EGISTRATION DISTRICT AN	ND CERTIFICATE NUMBER
THIS	1A NAME OF CHILD — FIRST (GIVEN) RAIZOH	1B MIDDLE MIZUT	18 MIDDLE 1C			ROWER DE
	2 SEX 3A THIS BIRTH, SINGLE, TWIN, ETC 3B IF MULTIPLE, THIS C 1ST. 2ND. ETC -		4A DATE OF BIRTH — MMVDD/CCYY 4B HOUR — (24 HOUR 12/23/2005 2239		1B HOUR — (24 HOUR CI 2239	LOCK TIME)
PLACE OF BIRTH	5A PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY KAISER HOSPITAL: LA, SUNSET		58 STREET ADDRESS STREET, NUMBER, OR LOCATION 4867 SUNSET BLVD.			
	LOS ANGELES		5D COUNTY LOS ANGELES		5E PLANNED PLACE OF BIRTH HOSPITAL	
FATHER OF CHILD	6A NAME OF FATHER — FIRST (GIVEN) AKIRA	68 MIDDLE MIZUTA	6C LAST (FAMILY) LIPPIT		7 STATE OF BIRTH	8 DATE OF BIRTH 04/30/1964
MOTHER OF CHILD	9A NAME OF MOTHER — FIRST (GIVEN) MIYA	9B MIDDLE ELISE	9C LAST (MAIDEN) GARDNER		10 STATE OF BIRTH	11 DATE OF BIRTH 03/29/1968
INFORMANT CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	PARENT OR OTHER INFORMANT	- SIGNATURE		FAMER 12/24/20	
CERTIFICATION OF BIRTH	T CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE. HOUR AND PLACE STATED		GNATURE — DEGREE OR TITLE 138 LICENSE NUMBER RESIDENT			13C DATE SIGNED
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATENDANT ALISON TATE, MD, 4867 SUNSET BLVD., LOS ANGELES					IF OTHER THAN ATTENDANT
LOCAL REGISTRAR	15A DATE OF DEATH 15B STATE L	THOMAS L GARTHW		5	S IT DATE ACCEPTED FOR REGISTRATION 01/11/2006	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

FEB 2 2 2006

Conny B. Mormaca CONNY B. McCORMACK

Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying Seal and Signature of the Registrar-Recorder County Clerk.

