

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

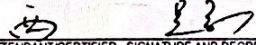

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201719011414

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST AKIRA	1B. MIDDLE -	1C. LAST NISHI			
	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 01/29/2017	4B. HOUR - 24 HOUR CLOCK TIME 0952	
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY RONALD REAGAN UCLA HEALTH SYSTEM		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 757 WESTWOOD PLAZA			
	5C. CITY LOS ANGELES		5D. COUNTY LOS ANGELES			
NAME OF PARENT	6A. NAME OF PARENT - FIRST AKIHIRO	6B. MIDDLE -	6C. LAST - BIRTH NAME NISHI	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTHPLACE - STATE/COUNTRY JAPAN	8. DATE OF BIRTH 06/29/1982
	9A. NAME OF PARENT - FIRST NATTIKAN	9B. MIDDLE -	9C. LAST - BIRTH NAME WIRANAKHIN	9D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTHPLACE - STATE/COUNTRY THAILAND	11. DATE OF BIRTH 02/12/1984
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 		12B. RELATIONSHIP TO CHILD PARENT	12C. DATE SIGNED 01/31/2017
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>M. Shields, Birth Clerk</i>		13B. LICENSE NUMBER A116769	13C. DATE SIGNED 01/29/2017
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT TINA NGUYEN, MD, 726 S. LEYLAND DR, DIAMOND BAR			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT M L SHIELDS, BIRTH CLERK		
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/YYYY	15B. STATE FILE NO. STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE JEFFREY D GUNZENHAUSER, MD 		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 02/14/2017	

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
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 20 2017



1000001584880

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANGOR

