## STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

		ILE NUMBER	S 10 8	F CALIFORN ACK INK ONLY	The state of the s	LOCAL REGISTRATION NU	IMBER
THIS CHILD	1A NAME OF CHILD - FIRST  LINO  2 SEX 3A THIS BIRTH, SINGLE, TWIN, ETC		1B MIDDLE	NOAH			
						HIRANO  4A DATE OF BIRTH - MINDDICCYY	
	FEMALE	SINGLE	38 IF MULTIPLE, THIS C	HILD 1ST, ZNU, ETC	03/14/2016	7	344
PLACE OF BIRTH	SA PLACE OF BIRTH NAME OF HOSPITAL OR FACILITY  KAISER HOSPITAL: SOUTH BAY			56 STREET ADDRESS: STREET AND NUMBER, OR LOCATION 25825 SOUTH VERMONT AVE			
	SC CITY  HARBOR CIT	Y X	5D COUN		The control of the co		
PARENT	GA NAME OF PARENT-FIF  KRISHI	68 MIDDLE	6C LAST	BIRTH NAME	60 MOTHER ()  FATHER  PARENT	BIRTHPLACE - STATE COUNTRY  JAPAN	8 DATE OF BIRTH 11/07/1952
PARENT	9A NAME OF PARENT-FIF HIROMI	RST 9B MIDDLE	1891年 建基	BIRTH NAME JOKA	90 MAIOTHER  FATHER  PARENT	JAPAN	06/18/197
NFORMANT AND BIRTH CERTIFICATION	CORRECT TO THE BEST OF MY KNOWLEDGE			-SIGNATURE 24-24-		SHIP TO CHILD	12C DATE SIGNED 03/15/2010
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED			k elek	138 LICENSE NUMBER <b>A110904</b>		03/15/2016
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT  ANTHONY LAM, MD, 25825 S. VERMONT AVE., HARBOR CITY				14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTEMBANT MIRIAM CERDA, BIRTH CLERK		

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.

SEP 1 0 2021



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