

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

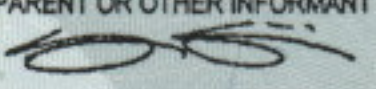
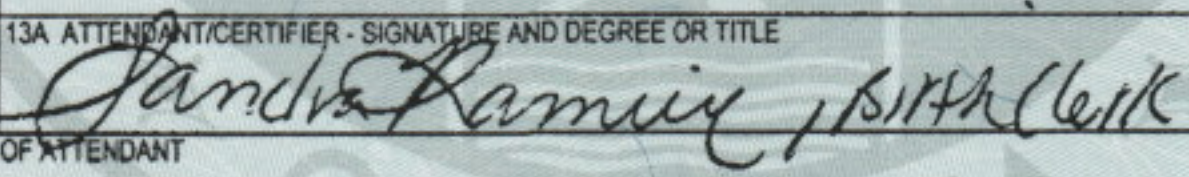
REGISTRAR-RECORDER/COUNTY CLERK

### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

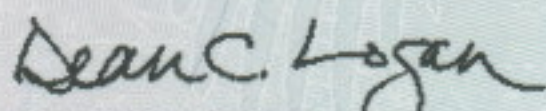
1201719041933

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A NAME OF CHILD - FIRST <b>TOSHIAKI</b>		1B MIDDLE -	1C LAST <b>SHIMIZU</b>	
	2 SEX <b>MALE</b>	3A THIS BIRTH, SINGLE, TWIN, ETC <b>SINGLE</b>	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC -	4A DATE OF BIRTH - MM/DD/CCYY <b>05/18/2017</b>	4B HOUR - 24 HOUR CLOCK TIME <b>0836</b>
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>TORRANCE MEMORIAL MED CENTER</b>			5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>3330 LOMITA BLVD.</b>	
	5C CITY <b>TORRANCE</b>			5D COUNTY <b>LOS ANGELES</b>	
NAME OF PARENT	6A NAME OF PARENT - FIRST <b>YASUAKI</b>		6B MIDDLE -	6C LAST - BIRTH NAME <b>SHIMIZU</b>	6D <input checked="" type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7 BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>		8 DATE OF BIRTH <b>04/25/1975</b>		
NAME OF PARENT	9A NAME OF PARENT - FIRST <b>MIKA</b>		9B MIDDLE -	9C LAST - BIRTH NAME <b>AOYAGI</b>	9D <input checked="" type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	10 BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>		11 DATE OF BIRTH <b>12/21/1980</b>		
INFORMANT AND BIRTH CERTIFICATION	1 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 <b>Father</b>
	1 I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		12C DATE SIGNED <b>05/20/2017</b>		
	13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE 		13B LICENSE NUMBER <b>G063053</b>		12C DATE SIGNED <b>05/20/2017</b>
LOCAL REGISTRAR	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>FRANCINE ITO, MD, 4201 TORRANCE BLVD. SUITE 310, TORRANCE</b>			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>SANDRA RAMIREZ, BIRTH CLERK</b>	
	15A. DATE OF DEATH - MM/DD/CCYY	15B STATE FILE NO. - STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE <b>JEFFREY D GUNZENHAUSER, MD SS</b>		17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>05/26/2017</b>

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

OCT 03 2017



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This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANG02

