

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201330011787

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER				LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST		
	SHANNON	ANN	KEHOE		
PLACE OF BIRTH	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
	FEMALE	SINGLE	-	04/21/2013	0227
FATHER/PARENT	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION		
	HOAG MEMORIAL HOSPITAL		ONE HOAG DRIVE		
MOTHER/PARENT	5C. CITY		5D. COUNTY		
	NEWPORT BEACH		ORANGE		
INFORMANT AND BIRTH CERTIFICATION	6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH - MM/DD/CCYY
	SHAWN	ROBERT	KEHOE	CA	04/03/1979
LOCAL REGISTRAR	9A. NAME OF MOTHER/PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	10. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH - MM/DD/CCYY
	YUKO	-	IGARASHI	JAPAN	11/04/1976
LOCAL REGISTRAR	12A. PARENT OR OTHER INFORMANT - SIGNATURE		12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED - MM/DD/CCYY	
	<i>[Signature]</i>		FATHER	04/21/2013	
LOCAL REGISTRAR	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		13B. LICENSE NUMBER	13C. DATE SIGNED - MM/DD/CCYY	
	<i>[Signature]</i> L FELIX, HIS		A-26037	04/21/2013	
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
	B FELDMAN, MD, 351 HOSPITAL RD #316, NEWPORT BEACH			L FELIX, HIS	
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
			ERIC G. HANDLER, MD <i>[Signature]</i>		04/29/2013

CERTIFIED COPY OF VITAL RECORDS



* 003281968 *

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED

MAY 09 2013

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

[Signature] H.O.

ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PBNC0 (Rev) 03/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

