

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

1201819082898

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST MANA		1B. MIDDLE -		1C. LAST MATSUBARA	
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -		4A. DATE OF BIRTH - MM/DD/CCYY 10/16/2018	4B. HOUR - 24 HOUR CLOCK TIME 0806
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY TORRANCE MEMORIAL MED CENTER			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 3330 LOMITA BLVD.		
	5C. CITY TORRANCE			5D. COUNTY LOS ANGELES		
NAME OF PARENT	6A. NAME OF PARENT - FIRST MASAOKI		6B. MIDDLE -		6C. LAST - BIRTH NAME MATSUBARA	
	6D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT		7. BIRTHPLACE - STATE/ COUNTRY JAPAN		8. DATE OF BIRTH 09/30/1974	
NAME OF PARENT	9A. NAME OF PARENT - FIRST NAOKO		9B. MIDDLE -		9C. LAST - BIRTH NAME TAKAYAMA	
	9D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT		10. BIRTHPLACE - STATE/ COUNTRY JAPAN		11. DATE OF BIRTH 10/27/1977	
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 <i>Naoko M. Takayama</i>			12B. RELATIONSHIP TO CHILD Mother
	2. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT IDENTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Sandra Ramirez</i> Birth Clerk			12C. DATE SIGNED 10/17/2018
	13B. LICENSE NUMBER A65728			13C. DATE SIGNED 10/17/2018		
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT DEEPTOT SINGH, MD, 3400 LOMITA BL. 500, TORRANCE				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT SANDRA RAMIREZ, BIRTH CLERK	
	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE MUNTU DAVIS, MD		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY SS 10/25/2018	

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.

JAN 15 2018



1000002666648

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANGOR

