## **COUNTY OF LOS ANGELES**

REGISTRAR-RECORDER/COUNTY CLERK

	OTATE PUE	AU/MOCO	0/0	STA	ICATE OF LIVE TE OF CALIFORN			201719079	
	STATE FILE NUMBER  1A. NAME OF CHILD - FIRST  KEITO			1B. MIDDLE	USE BLACK INK ONLY  1B.MIDDLE 1C.LAST BRADLEY KAT				
THIS	2. SEX 3A. THIS BIRTH, SINGLE, TWIN, ETC.  MALE SINGLE			3B. IF MULT	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		TE OF BIRTH - MM/DD/CCYY		BUR - 24 HOUR CLOCK TIME
PLACE OF BIRTH	SA. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY PROVIDENCE LCM-TORRANCE			3/1	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 4101 TORRANCE BLVD				
	5C. CITY TORRANCE				SD. COUNTY LOS ANGELES				
NAME OF PARENT	A. NAME OF PARENT - FIRST 6B. MIDDLE -				6C. LAST - BIRTH NAME KATSUBE		FATHER PARENT	THPLACE - STATE/ COUNTRY  JAPAN	8. DATE OF BIRTH 02/06/1980
NAME OF PARENT	9A. NAME OF PARENT - FIRST SHIHO				9C. LAST - BIRTH NAME - HANAKA		9D. MOTHER 10. BIRTHPLACE - STATE/COUNTRY   FATHER		11. DATE OF BIRTH 04/18/1976
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.		ER INFORMANT.	INFORMANT - SIGNATURE		128. RELATIONSHIP TO CHILD FATHER		12C. DATE SIGNED 09/19/2017	
	I CERTIFT THAT THE CHILD WAS BORN ALIVE AT			TIFIER - SIGNATURE AND DEGREE OR TITLE			13B, LICENSE NUMBER G066695		
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT DAVID S LU, MD, 20911 EARL STREET,				TORRANCE		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT CLEO FEX, BIRTH CLERK		
LOCAL REGISTRAR					STRAR-SIGNATURE FREY D GUNZENI	MD 55 17. DATE ACCEPTED FOR REGISTRATIC			

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.

NOV 0 8 2017





