COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA 1201719080780 STATE FILE NUMBER USE BLACK INK ONLY LOCAL REGISTRATION NUMBER 1A. NAME OF CHILD - FIRST AMELI NOEL IVES 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. 4B. HOUR - 24 HOUR CLOCK TIME 3A. THIS BIRTH, SINGLE, TWIN, ETC 4A. DATE OF BIRTH - MM/DD/CCY FEMALE SINGLE 09/21/2017 5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY 5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION PROVIDENCE LCM-TORRANCE 4101 TORRANCE BLVD 5D. COUNTY 5C, CITY LOS ANGELES TORRANCE 6A. NAME OF PARENT - FIRST 6C. LAST - BIRTH NAME 8. DATE OF BIRTH D. MOTHER
FATHER
PARENT JAMES MAKOTO **IVES** 10/08/1982 90. MOTHER 10. BIRTHPLACE - STATE/ COUNTRY 9A, NAME OF PARENT - FIRST 11. DATE OF BIRTH 9B. MIDDLE 9C. LAST - BIRTH NAME 03/17/1982 OKANO 12B. RELATIONSHIP TO CHILD 12C. DATE SIGNED 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 Mother 09/25/2017 13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE SIGNATURE AND DEGREE OR TITLE B. C. 13C. DATE SIGNED I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED. 13B. LICENSE NUMBER 09/25/2017 G63053 13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT SHIRLEY ERWIN, BIRTH CLERK FRANCINE ITO, MD, 4201 TORRANCE BLVD., TORRANCE 15A. DATE OF DEATH - MM/DD/CCYY 15B. STATE FILE NO. - STATE USE ONLY 16. LOCAL REGISTRAR - SIGNATURE 17. DATE ACCEPTED FOR REGISTRATION - MIMIDD/CCY JEFFREY D GUNZENHAUSER, MD 09/29/2017

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.

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