

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH SYSTEM
SAN MATEO, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201341000971

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST MOANA		1B. MIDDLE SATO		1C. LAST HSIU	
	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 03/15/2013	4B. HOUR - 24 HOUR CLOCK TIME 0113
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY SEQUOIA HOSPITAL			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 170 ALAMEDA DE LAS PULGAS		
	5C. CITY REDWOOD CITY			5D. COUNTY SAN MATEO		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST GALVIN	6B. MIDDLE KARAN	6C. LAST HSIU		7. BIRTHPLACE - STATE/COUNTRY NJ	8. DATE OF BIRTH - MM/DD/CCYY 05/19/1976
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST REIKO	9B. MIDDLE -	9C. LAST - BIRTH NAME SATO		10. BIRTHPLACE - STATE/COUNTRY JAPAN	11. DATE OF BIRTH - MM/DD/CCYY 06/01/1976
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>[Signature]</i>			12B. RELATIONSHIP TO CHILD PARENTS
	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>J.O'Callahan MD</i>			12C. DATE SIGNED - MM/DD/CCYY 03/15/2013
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT JULIANNE O'CALLAHAN, M.D., 2950 WHIPPLE AVE, REDWOOD CITY, CA			13B. LICENSE NUMBER G079159		
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE SCOTT A. MORROW, M.D.		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 03/18/2013

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SAN MATEO } SS

DATE ISSUED

04/26/2013

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.



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Anabel Tingin

[Signature]
 SCOTT MORROW, M.D.
 HEALTH OFFICER AND REGISTRAR

By _____
 This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

