STATE OF CALIFORNIA CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

	CLASS			CERTIFI	CATE OF LIVE BI	RTH	1201341	000971	
STATE FILE NUMBER				USE BLACK INK ONLY		11133	LOCAL REGISTRATION NUMBER		
THIS	1A. NAME OF CHILD - FIRST			1B. MIDDLE 1C. LA		1C. LAST			
	MOANA			SATO		HSIU	HSIU - OS OS OS OS OS		
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, E		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		4A. DATE OF BIRTH - MM/DD/CCYY		4B. HOUR - 24 HOUR CLOCK TIME	
	FEMALE	SINGLE				03/15/2	013	0113	
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY				58. STREET ADDRESS - STREET AND NUMBER, OR LOCATION				
	SEQUOIA HOSPITAL				170 ALAMEDA DE LAS PULGAS				
	5C. CITY			5) 8 4	5D. COUNTY				
	REDWOOD CITY				SAN MATEO				
FATHER	GALVIN		GB. MIJOLE		6C. LAST 7. BIRTHPLACE - STATE/ COUNTRY 8. DATE OF BIRTH - MIMODICCYY				
			KARAN		HSIU		NJ	05/19/1976	
MOTHER	9A NAME OF MOTHER/PARENT - FIRST REIKO		9B. MADLE		9C. LAST - BIRTH NAME		10. BIRTHPLACE - STATE/ COUN	THE RESERVE AND THE PARTY AND	
			/ * > _ / * ∘		SATO		JAPAN	06/01/1976	
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.		12A PARENT OR OT	2A PARENT OR OTHER INFORMANT - SIGNATURE		12B DE	ELATIONSHIP TO CHILD	12C. DATE SIGNED - MM/DD/CCYY	
			12 × MI		- Manton	PARENTS			
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		3A. ATTENDANTICERTIFIER - SIGNATURE AND DEGREE OR TITLE				03/15/2013		
			10°00000		MCMAGA MM2		CENSE NUMBER	13C. DATE SIGNED - MM/DD/CCYY	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			Common to			79159	03/15/2013	
	JULIANNE O'CALLAHAN, MD, 2950 WHIE						14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
-	15A. DATE OF DEATH - MM/DD/O		The same of the sa			A DU A			
DESTRA	ISA DATE OF DEATH - MM/DD/CCYY ISB. STATE THE NO STATE USE ONLY			16. LOCAL REGISTRAR - SIGNATURE			TO THE RESIDENCE OF THE PARTY O	ED FOR REGISTRATION - MM/DD/CCYY	
NEL .		CO	- Col	5	SCOTT A. MORROW,	M.D.	03	3/18/2013	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SAN MATEO

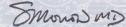
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DATE ISSUED

04/26/2013

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Anabel Tingin



SCOTT MORROW, M.D. HEALTH OFFICER AND REGISTRAR

