

## **COUNTY OF ORANGE** HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A SANTA ANA, CA 92701

CERTIFICATE OF LIVE BIRTH 1201430011758
STATE OF CALIFORNIA

STATE FILE NUMBER				USE BLACK INK ONLY			LOCAL REGISTRATION NUMBER		
THIS	IA NAME OF CHILD FIRST SAKURA			CHLOE	18 MODLE 1C LAS CHLOE MUR				
	2 SEX 3A THIS BIRTH, SINGLE TWIN, EYC FEMALE SINGLE			38 IF MULTIPLE THIS CHILD IST 2ND ETC		4A DATE OF BIRTH - MMODICCYY 04/17/2014		48 HOUR - 24 HOUR CLOOK TIME 0 6 2 5	
PLACE OF BIRTH	SA PLACE OF BIRTH NAME OF HOSPITAL OR FACILITY HOAG MEMORIAL HOSPITAL			SE STREET ADDRESS STREET AND NUMBER OF LOCATION ONE HOAG DRIVE					
	SC CTY NEWPORT BEACH				SD COUNTY ORANGE				
FATHER	64. NAME OF FATHER/PARENT FIRST 58 MIDDLE YUSUKE -				6C LAST MURAI		JAPAN	06/26/1979	
MOTHER	94 NAME OF MOTHERPARENT FIRST 96 M-DOLE -				SHIMADA		JAPAN	11/13/1979	
INFORMANT AND BIRTH CERTIFICATION	IN CRIMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE TUS W.C.			e Mur	ERINFORMANT SIGNATURE		FATHER.	04/18/2014	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED		ERTIFIEA - SIGNATU	ITFIER - SIGNATURE AND DEGRACE OR TITLE		LICENSE NUMBER - 54373	04/18/2014		
	130 TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT  L CRANE, MD, 4050 BARRANCA PKWY #160, II				RVINE	14.	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT BETH DEVORE, LEAD		
UKAL HESTTA	150 DATE OF DEATH AMADDICCYV 150 STATE FRE NO STATE USE ONLY 16 LOCAL REGISTRAR SIGNATURE ERIC G. HANDLER, MD						04/25/2014		

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF ORANGE This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

DATE ISSUED

MAY 0 8 2014

ERIC G HANDLER, M.D.

HEALTH OFFICER ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

