

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC HEALTH

### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201819098720

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>THIS CHILD</b>	1A. NAME OF CHILD - FIRST <b>KOTORI</b>		1B. MIDDLE <b>MIYAZAKI</b>		1C. LAST <b>SAWANE</b>	
	2. SEX <b>FEMALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. <b>-</b>	4A. DATE OF BIRTH - MM/DD/CCYY <b>12/14/2018</b>		4B. HOUR - 24 HOUR CLOCK TIME <b>1652</b>
<b>PLACE OF BIRTH</b>	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>KAISER HOSPITAL: SOUTH BAY</b>			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>25825 SOUTH VERMONT AVE</b>		
	5C. CITY <b>HARBOR CITY</b>			5D. COUNTY <b>LOS ANGELES</b>		
<b>NAME OF PARENT</b>	6A. NAME OF PARENT - FIRST <b>KAZUNARI</b>		6B. MIDDLE <b>-</b>		6C. LAST - BIRTH NAME <b>SAWANE</b>	
	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		7. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>		8. DATE OF BIRTH <b>06/15/1983</b>	
<b>NAME OF PARENT</b>	9A. NAME OF PARENT - FIRST <b>EMIKO</b>		9B. MIDDLE <b>-</b>		9C. LAST - BIRTH NAME <b>MIYAZAKI</b>	
	9D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT		10. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>		11. DATE OF BIRTH <b>10/26/1972</b>	
<b>INFORMANT AND BIRTH CERTIFICATION</b>	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>Emiko Miyazaki Kazunari Sawane</i>		12B. RELATIONSHIP TO CHILD <b>PARENTS</b>	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Miriam Cerda Birth CLK</i>		12C. DATE SIGNED <b>12/15/2018</b>	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>CARMAN LUNG, CNM, 25825 S VERMONT AVE, HARBOR CITY</b>		13B. LICENSE NUMBER <b>NM1914</b>		13C. DATE SIGNED <b>12/15/2018</b>	
<b>LOCAL REGISTRAR</b>	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE <b>MUNTU DAVIS, MD</b>	
					17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>SS 12/18/2018</b>	

**CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES**

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



001935049

DATE ISSUED  
 Health Officer and Registrar **MD**  
**DO 21**

**JAN 14 2019**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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