

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## REGISTRAR-RECORDER/COUNTY CLERK

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

1201819085824

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST <b>TAIGA</b>		1B. MIDDLE <b>WILLIE</b>	1C. LAST <b>INOUE</b>	
	2. SEX <b>MALE</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>10/30/2018</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>2231</b>
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>TORRANCE MEMORIAL MED CENTER</b>			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>3330 LOMITA BLVD.</b>	
	5C. CITY <b>TORRANCE</b>			5D. COUNTY <b>LOS ANGELES</b>	
NAME OF PARENT	6A. NAME OF PARENT - FIRST <b>YOSHIYUKI</b>	6B. MIDDLE <b>-</b>	6C. LAST - BIRTH NAME <b>INOUE</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>12/22/1972</b>				
NAME OF PARENT	9A. NAME OF PARENT - FIRST <b>YOKO</b>	9B. MIDDLE <b>-</b>	9C. LAST - BIRTH NAME <b>TSUCHIMOCHI</b>	9D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>
	11. DATE OF BIRTH <b>06/30/1982</b>				
INFORMANT AND BIRTH CERTIFICATION	12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>[Signature]</i>		12B. RELATIONSHIP TO CHILD <b>Mother</b>		12C. DATE SIGNED <b>10/31/2018</b>
	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>[Signature] Birth Clerk</i>		13B. LICENSE NUMBER <b>A33447</b>		13C. DATE SIGNED <b>10/31/2018</b>
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>MAXWELL DARTEY, MD, 1360 W. SIXTH ST. #220, SAN PEDRO</b>			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>SANDRA RAMIREZ, BIRTH CLERK</b>	
	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <b>MUNTU DAVIS, MD</b>	

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*  
**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.

JAN 09 2019



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANGDE

