

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD


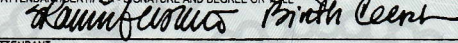

# CITY OF PASADENA

## PUBLIC HEALTH DEPARTMENT

1052018070006

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

1201863000558

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST <b>MISAKI</b>	1B. MIDDLE <b>MADISON OTSUBO</b>	1C. LAST <b>YOSHIMURA</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>
PLACE OF BIRTH	4A. DATE OF BIRTH - MM/DD/CCYY <b>03/03/2018</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>1643</b>	
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>HUNTINGTON MEMORIAL HOSPITAL</b>	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>100 W CALIFORNIA BLVD</b>	
NAME OF PARENT	5C. CITY <b>PASADENA</b>	5D. COUNTY <b>LOS ANGELES</b>	
	6A. NAME OF PARENT - FIRST <b>MICHAEL</b>	6B. MIDDLE <b>SATO</b>	6C. LAST - BIRTH NAME <b>YOSHIMURA</b>
NAME OF PARENT	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER	7. BIRTHPLACE - STATE/COUNTRY <b>HI</b>	8. DATE OF BIRTH <b>12/31/1979</b>
	8A. NAME OF PARENT - FIRST <b>MIKA</b>	8B. MIDDLE <b>ELLEN</b>	8C. LAST - BIRTH NAME <b>OTSUBO</b>
INFORMANT AND BIRTH CERTIFICATION	9D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTHPLACE - STATE/COUNTRY <b>OR</b>	11. DATE OF BIRTH <b>10/20/1978</b>
	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 	12B. RELATIONSHIP TO CHILD <b>FATHER</b>
LOCAL REGISTRATION	2. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT CERTIFIER - SIGNATURE AND DEGREE OR TITLE  <b>Birth Cert</b>	13B. LICENSE NUMBER <b>G79210</b>
	13C. DATE SIGNED <b>03/04/2018</b>	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>DELLA FONG, MD, 625 S FAIR OAKS AVE #255, PASADENA</b>	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>SUSANA RAMIREZ - FRANCISCO, BC</b>
15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <b>YING YING GOH, MD</b> 	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>03/07/2018</b>

This is to certify that this document is a true copy of the official record filed with the City of Pasadena.



YING-YING GOH, MD  
HEALTH OFFICER

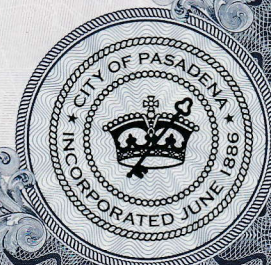
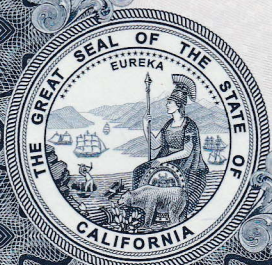
DATE ISSUED  
**APR 09 2018 NF**

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



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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