COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY 1201219106174 STATE FILE NUMBER LOCAL REGISTRATION NUMBER IC LAST TA NAME OF CHILD - FIRST 18 MIDDLE KMA HASEGAWA 2 SEX 3A THIS BIRTH SINGLE TWIN ETC. 38 IF MULTIPLE THIS CHILD 1ST 2ND ETC 4A DATE OF BIRTH - MM/DD/CCYY 4B HOUR - 24 HOUR CLOCK TIME 10/29/2012 2324 SB STREET ADDRESS - STREET AND NUMBER, OR LOCATION SA PLACE OF BIRTH . NAME OF HOSPITAL OR FACILITY ST. JOHN'S HEALTH CENTER 2121 SANTA MONICA BOULEVARD 50 CITY 50 COUNTY LOS ANGELES SANTA MONICA F BIRTHPUACE . STATE COUNTRY | 8 DATE OF BERTH MILDOCCYY SA NAME OF FATHER PARENT - FIRST 68 MIDDLE 60 LAST HASEGAWA JAPAN 03/24/1978 MOTHER 9A NAME OF MOTHER PARENT . FIRST SA MIDDLE 9C LAST - BIRTH NAME 10 BIRTHPLACE STATE COUNTRY I DATE OF BIRTH MUDOCCYY RISA KOMATSU JAPAN 07/31/1981 12A PARENT OR OTHER INFORMANT - SIGNATURE 128 RELATIONSHIP TO CHILD ISC DATE SIGNED AMADOVCCYY I CERTIFY THAT I HAVE REVIEWED THE STATEO INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE FATHER 10/31/2012 13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE 13B LICENSENUMBER ISC DATE SIGNED MM/DD/CCYY I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED A067519 10/31/2012 130 TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER T AN ATTENDANT A NISHIO, MD, 1301 20TH ST, SANTA MONICA 15A DATE OF DEATH MINIODICCYY 15B STATE FILE NO STATE USE ONLY 16 LOCAL REGISTRAR - SIGNATURE 17 DATE ACCEPTED FOR REGISTRATION - MIADDICCYY

JONATHAN E FIELDING, MD

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk

Deau C Logan DEAN C. LOGAN Registrar-Recorder County Clerk MAR 0 5 2013



11/27/2012