





			CERTIFICATE OF LIVE BIRTH		BIRTH	1200719007138		
	STATE FILE NUMBI	ER	SIA U	USE BLACK INK ONLY		LOCAL REGISTRATION NUMBER		
K 7	1A NAME OF CHILD - FIRST		1B MIDDLE	18 MIDDLE		IC LAST		
THIS	KENSHO		19/4 - 25/6	- 光小雪节发生扩张		NISHIO		
	2 SEX 3A THIS BIRTH, SINGLE, TWIN, ETC		3B IF MULTIP	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC		H - MM/DD/CCYY	HOUR - 24 HOUR CLOCK TIME	
	MALE SINGLE					01/23/2007		
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY			5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION				
	LITTLE COMPANY OF MARY HOSP.		P	4101 TORRANCE BLVD.		I STATE OF THE		
	5C CITY		A A STATE OF	5D COUNTY				
	TORRANCE			LOS ANGELES				
RV FATHERV FT PARENT	6A NAME OF FATHER/PARENT - FIRST 6B MIDDLE			6C LAST		7 BIRTHPLACE - STATE/ COUNTRY	8 DATE OF BIRTH MM/DD/CCYY	
	YASUYUKI			NISHIO		JAPAN	06/23/1975	
	9A NAME OF MOTHER/PARENT - FIF	RST 9B MIDDLE	y de la	9C LAST - BIRTH NAME		10 BIRTHPLACE STATE COUNTRY	11 DATE OF BIRTH - MM/DD/CCYY	
MOTHER	SAYUMI	I STATE		ARASAKI		JAPAN	08/21/1962 12C DATE SIGNED MM/DD/CCYY	
INFORMANT AND BIRTH CENTIFICATION			TOR OTHER INFORMANT - SIGNATURE		128	12B RELATIONSHIP TO CHILD		
						ether	01/25/2007	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT		IT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		13B	LICENSE NUMBER	13C DATE SIGNED MM/DD/CCYY	
			Paid & L. W		GO	G066695		
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			141		TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
	DAVID S LU, MD, 20911 EARL STREET, TORRANCE							
- 5	15A DATE OF DEATH MINIDDICCYY 15B STATE FILE NO - STATE USE ONLY 16 LOCAL REGISTRAR - SIGNATURE							
COSTRAR	JONATHAN E FIELDING, MD SAN 02/14/2007							

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

CONNY B. McCORMACK Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



OCT 2 3 2007

