

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY 1A NAME OF CHILD FIRST B MIDDLE 1C LAST DASHIELL MITSUTAKE KENZO 4A DATE OF BIRTH MM DD CCYY 4B HOUR 24 HOUR CLOCK TIME 3A THIS BIRTH SINGLE TWIN ETC 3B IF MULTIPLE THIS CHILD 1ST 2ND ETC 2 SEX 11/22/2008 1748 MALE SINGLE 5A PLACE OF BIRTH NAME OF HOSPITAL OR FACILITY 5B STREET ADDRESS STREET AND NUMBER OR LOCATION 8700 BEVERLY BLVD. CEDARS SINAI MEDICAL CENTER 5D COUNTY LOS ANGELES LOS ANGELES BIRTHPLACE STATE COUNTRY 8 DATE OF BIRTH MM DD-CCYY 6A NAME OF FATHER PARENT - FIRST 6B MIDDLE MITSUTAKE 05/24/1973 JAPAN KURANDO 11 DATE OF BIRTH MM/DD/CCYY 9A NAME OF MOTHER PARENT FIRST 10 BIRTHPLACE STATE COUNTRY 9B MIDDLE 9C LAST BIRTH NAME WOMACK TX 05/21/1970 GWENDOLYN CLAIRE 12C DATE SIGNED MM/DD/CCYY 12B RELATIONSHIP TO CHILD I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUF AND CORRECT TO THE BEST OF MY KNOWLEDGE mother 11/24/2008 mitsuta 13B LICENSE NUMBER 3C DATE SIGNED MM/DD/CCYY I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED 1128/2008 SUJOV A061638 13D TYPED NAME TITLE AND MAILING ADDRESS OF ATTENDANT 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT K MORSE, MD, 8635 W 3RD ST, LOS ANGELES

JONATHAN E FIELDING,

STATE FILE NUMBER

15A DATE OF DEATH MM/DD/CCYY 15B STATE FILE NO STATE USE ONLY

Sauch

DEAN C. LOGAN

-OCAL

Registrar-Recorder/County Clerk

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

16 LOCAL REGISTRAR SIGNATURE

JORGE JACOBO, SUPV

DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY

12/09/2008

1200819123962 LOCAL REGISTRATION NUMBER



