


STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201519049873

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
THIS CHILD	1A NAME OF CHILD - FIRST RIONA		1B MIDDLE -		1C LAST ISHII
	2 SEX FEMALE	3A THIS BIRTH, SINGLE, TWIN, ETC SINGLE	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC -		4A DATE OF BIRTH - MM/DD/CCYY 06/04/2015
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY KAISER HOSPITAL: SOUTH BAY		5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION 25825 SOUTH VERMONT AVE		
	5C CITY HARBOR CITY		5D COUNTY LOS ANGELES		
	6A NAME OF FATHER/PARENT - FIRST MUNEYUKI		6B MIDDLE -	6C LAST ISHII	7 BIRTHPLACE - STATE/COUNTRY JAPAN
MOTHER/PARENT	9A NAME OF MOTHER/PARENT - FIRST YURI		9B MIDDLE -	9C LAST - BIRTH NAME KAIHATA	10 BIRTHPLACE - STATE/COUNTRY JAPAN
INFORMANT AND BIRTH CERTIFICATION	11 I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A INFORMANT OR OTHER INFORMANT - SIGNATURE 		12B RELATIONSHIP TO CHILD PARENTS
	13A I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE Shelley J. Jacobs CNM		12C DATE SIGNED - MM/DD/CCYY 06/04/2015
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT SHELLEY J. JACOBS, CNM, 25825 S. VERMONT AVE, HARBOR CITY		13B LICENSE NUMBER 1066		13C DATE SIGNED - MM/DD/CCYY 06/04/2015
			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT JEFFREY D GUNZENHAUSER, MD		17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 06/15/2015
LOCAL CERTIFICATION	15A DATE OF DEATH - MM/DD/CCYY	15B STATE FILE NO. - STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE SS		

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.


JD

Director of Public Health and Registrar



DATE ISSUED **JUL -9 2015**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

