

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA
USE BLACK INK ONLY

1201541002938

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
THIS CHILD	1A. NAME OF CHILD - FIRST HANA		1B. MIDDLE JASMINE		1C. LAST GARNER
	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 06/22/2015	4B. HOUR - 24 HOUR CLOCK TIME 1433
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY MILLS PENINSULA HEALTH SERVICES		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 1501 TROUSDALE DRIVE		
	5C. CITY BURLINGAME		5D. COUNTY SAN MATEO		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST ROBERT		6B. MIDDLE EDWARD	6C. LAST GARNER	7. BIRTHPLACE - STATE/COUNTRY NJ
	8. DATE OF BIRTH - MM/DD/CCYY 04/16/1963				
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST ATSUKO		9B. MIDDLE -	9C. LAST - BIRTH NAME IIZUKA	10. BIRTH-PLACE - STATE/COUNTRY JAPAN
	11. DATE OF BIRTH - MM/DD/CCYY 01/01/1979				
INFORMANT AND BIRTH CERTIFICATION	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 <i>Edward Garner</i>		12B. RELATIONSHIP TO CHILD MOTHER
	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Deborah Quinn-Chen, MD</i>		12C. DATE SIGNED - MM/DD/CCYY 06/24/2015
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT DEBORAH QUINN-CHEN, MD, 1501 TROUSDALE DR-FLOOR 4, BRLNGAM		13B. LICENSE NUMBER A060196		13C. DATE SIGNED - MM/DD/CCYY 06/24/2015
			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE SCOTT A. MORROW, M.D.		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 07/02/2015

CERTIFIED COPY OF VITAL RECORDS

JUL 16 2015

STATE OF CALIFORNIA }
COUNTY OF SAN MATEO } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

By Gloria Lee

Scott Morrow, M.D.
SCOTT MORROW, M.D.
HEALTH OFFICER AND REGISTRAR



This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.
PBNCO (Rev.) 05/14



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE