

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF ORANGE

## HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CA 92701

### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201530005378

STATE FILE NUMBER			LOCAL REGISTRATION NUMBER			
<b>THIS CHILD</b>	1A. NAME OF CHILD - FIRST <b>IAN</b>		1B. MIDDLE <b>NAOTO</b>		1C. LAST <b>PANG</b>	
	2. SEX <b>MALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. <b>-</b>		4A. DATE OF BIRTH - MM/DD/CCYY <b>02/18/2015</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>0024</b>
<b>PLACE OF BIRTH</b>	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>SADDLEBACK MEMORIAL MED CTR</b>			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>24451 HEALTH CENTER DRIVE</b>		
	5C. CITY <b>LAGUNA HILLS</b>			5D. COUNTY <b>ORANGE</b>		
<b>FATHER PARENT</b>	6A. NAME OF FATHER/PARENT - FIRST <b>ANTHONY</b>		6B. MIDDLE <b>GIM</b>		6C. LAST <b>PANG</b>	
<b>MOTHER PARENT</b>	9A. NAME OF MOTHER/PARENT - FIRST <b>MAYU</b>		9B. MIDDLE <b>-</b>		9C. LAST - BIRTH NAME <b>ONOZAKI</b>	
<b>INFORMANT AND BIRTH CERTIFICATION</b>	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 		12B. RELATIONSHIP TO CHILD <b>PARENTS</b>	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <b>D. Ochoa B.C.</b>		13B. LICENSE NUMBER <b>13720</b>	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>AMY PETERS, DO, 24411 HEALTH CENTER DRIVE, LAGUNA HILLS</b>		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>JESSICA OCHOA, BIRTH CLERK</b>			
	12C. DATE SIGNED - MM/DD/CCYY <b>02/20/2015</b>		13C. DATE SIGNED - MM/DD/CCYY <b>02/20/2015</b>			
<b>LOCAL REGISTRAR</b>	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE <b>ERIC G. HANDLER, MD</b>	
					17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>02/25/2015</b>	

CERTIFIED COPY OF VITAL RECORDS



\* 003604666 \*

STATE OF CALIFORNIA }  
COUNTY OF ORANGE } SS

DATE ISSUED

MAR 11 2015

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Eric G. Handler M.D.

ERIC G. HANDLER, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

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

PBRNCO (REV) 03/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

