

COUNTY OF ORANGE

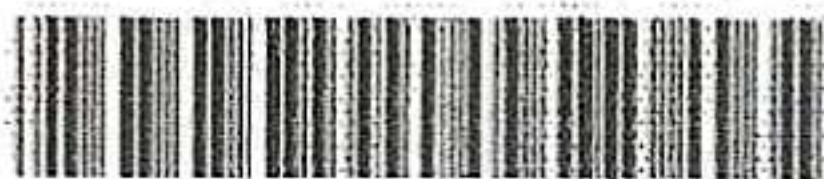
CLERK-RECORDER

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201830035952

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST KAYLEE	1B. MIDDLE SHAUNA	1C. LAST LEHO
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. TWIN	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. 1ST
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY ST. JOSEPH HOSPITAL		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 1100 W. STEWART DR.
	5C. CITY ORANGE		5D. COUNTY ORANGE
NAME OF PARENT	6A. NAME OF PARENT - FIRST RYAN	6B. MIDDLE MIHN	6C. LAST - BIRTH NAME LEHO
	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		7. BIRTHPLACE - STATE/ COUNTRY JAPAN
NAME OF PARENT	8A. NAME OF PARENT - FIRST MICHIYO	8B. MIDDLE -	8C. LAST - BIRTH NAME KATO
	8D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT		9. BIRTHPLACE - STATE/ COUNTRY KY
INFORMANT AND BIRTH CERTIFICATION	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 CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		12B. RELATIONSHIP TO CHILD PARENT
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT ANA SANCHEZ, MD, 424 S MAIN ST., ORANGE		13B. LICENSE NUMBER G54162
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY
	16. LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 12/11/2018

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE ORANGE COUNTY CLERK-RECORDER.

DATE ISSUED

JUL 09 2019

Hugh Nguyen

HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

