

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

1201619104740

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
	YUNA	JESSICA	SUGAYA
PLACE OF BIRTH	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
	FEMALE	SINGLE	-
NAME OF PARENT	4A. DATE OF BIRTH - MMDD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME	
	11/23/2016	1856	
NAME OF PARENT	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION	
	TORRANCE MEMORIAL MED CENTER	3330 LOMITA BLVD.	
INFORMANT AND BIRTH CERTIFICATION	5C. CITY	5D. COUNTY	
	TORRANCE	LOS ANGELES	
LOCAL REGISTRAR	6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME
	TAORAN	-	BAO
LOCAL REGISTRAR	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTHPLACE - STATE/ COUNTRY	8. DATE OF BIRTH
		CHINA	05/12/1983
LOCAL REGISTRAR	9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME
	MIKIKO	-	SUGAYA
LOCAL REGISTRAR	9D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTHPLACE - STATE/ COUNTRY	11. DATE OF BIRTH
		JAPAN	04/22/1985
LOCAL REGISTRAR	12A. PARENT OR OTHER INFORMANT - SIGNATURE	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
	<i>Taoran BAO</i>	Father	11/24/2016
LOCAL REGISTRAR	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED
	<i>Sandra Ramirez, Birth Clerk</i>	C039719	11/24/2016
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
	KENNETH HOLLIMAN, MD, 1045 W. REDONDO BCH. BLV. #300, GARDENA	SANDRA RAMIREZ, BIRTH CLERK	
LOCAL REGISTRAR	15A. DATE OF DEATH - MMDD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE
			JEFFREY D GUNZENHAUSER, MD <i>A</i>
LOCAL REGISTRAR			17. DATE ACCEPTED FOR REGISTRATION - MMDD/CCYY
			11/30/2016

CALOSANG01

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.



001129034

DEC - 6 2016

Health Officer and Registrar

VB

DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

