

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1200919044528

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

| | | | | | |
|--|--|--|---|---|---|
| THIS CHILD | 1A NAME OF CHILD - FIRST SABRINA | | 1B MIDDLE MEIKO | 1C LAST OSAKO | |
| | 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 05/07/2009 | 4B HOUR - 24 HOUR CLOCK TIME 0748 |
| PLACE OF BIRTH | 5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY TORRANCE MEMORIAL MED CENTER | | | 5B STREET ADDRESS - STREET AND NUMBER OR LOCATION 3330 LOMITA BLVD. | |
| | 5C CITY TORRANCE | | | 5D COUNTY LOS ANGELES | |
| FATHER PARENT | 6A NAME OF FATHER/PARENT - FIRST EUGENE | | 6B MIDDLE YOICHI | 6C LAST OSAKO | 7 BIRTHPLACE STATE/COUNTRY CA |
| | 8 DATE OF BIRTH - MM/DD/CCYY 12/04/1972 | | | | |
| MOTHER PARENT | 9A NAME OF MOTHER/PARENT - FIRST NAOMI | | 9B MIDDLE - | 9C LAST - BIRTH NAME AKIYAMA | 10 BIRTHPLACE STATE/COUNTRY CA |
| | 11 DATE OF BIRTH - MM/DD/CCYY 09/17/1975 | | | | |
| INFORMANT AND BIRTH CERTIFICATION | 1 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>Naomi</i> | | 12B RELATIONSHIP TO CHILD Mother |
| | 1 CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED | | 13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Phyllis Walden, RHIT</i> | | 12C DATE SIGNED - MM/DD/CCYY 05/08/2009 |
| | 13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT ASTRID MENDOZA, DO, 3400 LOMITA BLVD, TORRANCE, 90505 | | 13B LICENSE NUMBER 20A6959 | | 13C DATE SIGNED - MM/DD/CCYY 05/08/2009 |
| | | | 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT PHYLLIS WALDEN, RHIT | | |
| LOCAL REGISTRAR | 15A DATE OF DEATH - MM/DD/CCYY | 15B STATE FILE NO STATE USE ONLY | 16 LOCAL REGISTRAR - SIGNATURE JONATHAN E FIELDING, MD SS | | 17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 05/27/2009 |

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

APR 18 2013



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This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.
FBNCO (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

