STATE OF CALIFORNI

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY 1201119020886 STATE FILE NUMBER LOCAL REGISTRATION NUMBER 1A NAME OF CHILD - FIRST ISSEY JAKE WAKUNAGA 2 SEX 3A THIS BIRTH SINGLE TWIN, ETC 3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC 4A DATE OF BIRTH - MM/DD/CCYY 48 HOUR - 24 HOUR CLOCK TIME MALE SINGLE 03/03/2011 0932 5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY 5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION KAISER HOSPITAL: PANORAMA CITY 13652 CANTARA ST. 5C CITY 5D COLINTY PANORAMA CITY LOS ANGELES 6A NAME OF FATHER/PARENT - FIRST 6B MIDDLE 6C LAST 7 BIRTHPLACE STATE/ COUNTRY 8 DATE OF BIRTH - MM/DD/CCYY KEISUKE WAKUNAGA JAPAN 12/18/1969 9A NAME OF MOTHER/PARENT - FIRST MOTHER/ PARENT 9B MIDDLE 9C LAST - BIRTH NAME 10 BIRTHPLACE - STATE/ COUNTRY 11 DATE OF BIRTH MM/DD/CCYY MISA ITO JAPAN 11/21/1973 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 12B RELATIONSHIP TO CHILD 12C DATE SIGNED MM/DD/CCYY arents 03/04/2011 I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR, AND PLACE STATED 3B LICENSE NUMBER 13C DATE SIGNED MM/DD/CCYY 03/08/2011 A78566 13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT KATHLEEN METCALF, MD, 13652 CANTARA ST, PANORAMA CITY 58 STATE FILE NO STATE USE ONLY 16 LOCAL REGISTRAR - SIGNATURE 7 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY JONATHAN E FIELDING, 03/22/2011

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





This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.