

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

1201030014348

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
THIS CHILD	1A. NAME OF CHILD - FIRST MAC	1B. MIDDLE ONO	1C. LAST JONES		
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	4A. DATE OF BIRTH - MM/DD/CCYY 05/03/2010	4B. HOUR - 24 HOUR CLOCK TIME 1744
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY HOAG MEMORIAL HOSPITAL		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION ONE HOAG DRIVE		
	5C. CITY NEWPORT BEACH		5D. COUNTY ORANGE		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST MITCHELL	6B. MIDDLE ALAN	6C. LAST JONES	7. BIRTHPLACE - STATE/COUNTRY CA	8. DATE OF BIRTH - MM/DD/CCYY 10/23/1971
	9A. NAME OF MOTHER/PARENT - FIRST KANA	9B. MIDDLE -	9C. LAST - BIRTH NAME ONO		10. BIRTHPLACE - STATE/COUNTRY JAPAN
INFORMANT AND BIRTH CERTIFICATION	11. 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>Mitchell A. Jones</i>		12B. RELATIONSHIP TO CHILD FATHER
	11. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		12A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>R. G. Felix, M.D.</i>		12B. LICENSE NUMBER A-43152
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT P STRACHAN, MD, 4870 BARRANCA PKWY #200, IRVINE		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT L FELIX, M.D.		
	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD <i>es</i>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 05/17/2010

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED **MAY 24 2010**

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.

