

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CALIFORNIA 92701

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201730028492

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST FINN		1B. MIDDLE MCLAREN		1C. LAST KATSUNUMA	
	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 09/19/2017	4B. HOUR - 24 HOUR CLOCK TIME 1215
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY ST. JUDE MEDICAL CENTER			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 101 E. VALENCIA MESA DR.		
	6A. PLACE OF BIRTH - CITY FULLERTON			6B. PLACE OF BIRTH - COUNTY ORANGE		
NAME OF FATHER	6A. NAME OF FATHER - FIRST YUSUKE		6B. MIDDLE -		6C. LAST - BIRTH NAME KATSUNUMA	
	9A. NAME OF FATHER - FIRST JOVANA		9B. MIDDLE -		9C. LAST - BIRTH NAME ALONSO	
NAME OF MOTHER	6A. NAME OF MOTHER - FIRST YUSUKE		6B. MIDDLE -		6C. LAST - BIRTH NAME KATSUNUMA	
	9A. NAME OF MOTHER - FIRST JOVANA		9B. MIDDLE -		9C. LAST - BIRTH NAME ALONSO	
INFORMANT AND BIRTH CERTIFICATION	1. 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>Jovana Alonso</i>		7. BIRTHPLACE - STATE/COUNTRY JAPAN	
	2. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Jerald Thanos MD</i>		8. DATE OF BIRTH 05/13/1976	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT JERALD THANOS, MD, 2262 STATE COLLEGE, FULLERTON		12B. RELATIONSHIP TO CHILD PARENT		9. DATE OF BIRTH 04/21/1982	
	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		10. BIRTHPLACE - STATE/COUNTRY MEXICO	
LOCAL REGISTRAR	16. LOCAL REGISTRAR - SIGNATURE <i>Eric G. Handler MD</i>		13B. LICENSE NUMBER A46502		11. DATE OF BIRTH 09/19/2017	
	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 09/22/2017					

CERTIFIED COPY OF VITAL RECORD 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 Vital Records Section, Orange County Health Care Agency.

DATE ISSUED October 12, 2017



Eric G. Handler M.D.
ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER

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

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