

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

1201630022570

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST KAI		1B. MIDDLE GAVIN	1C. LAST KOBAYASHI	
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	
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	
	6A. NAME OF PARENT - FIRST GINJIRO		6B. MIDDLE -	6C. LAST - BIRTH NAME KOBAYASHI	
NAME OF PARENT	8A. NAME OF PARENT - FIRST MAKIKO		8B. MIDDLE -	8C. LAST - BIRTH NAME OTA	
	9A. NAME OF PARENT - FIRST MAKIKO		9B. MIDDLE -	9C. LAST - BIRTH NAME OTA	
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>[Signature]</i>		12B. RELATIONSHIP TO CHILD FATHER
	1. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE Donna Vig, HIM		13B. LICENSE NUMBER A-82800
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT J LEE, MD, 496 OLD NEWPORT BLVD #4, NEWPORT BEACH		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT DONNA VIG, HIM		12C. DATE SIGNED 07/28/2016
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT J LEE, MD, 496 OLD NEWPORT BLVD #4, NEWPORT BEACH		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT DONNA VIG, HIM		12C. DATE SIGNED 07/28/2016
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i> ERIC G. HANDLER, MD		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 08/02/2016

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 **SEP 14 2016**

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



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[Signature]
 ERIC G. HANDLER, MD
 COUNTY HEALTH OFFICER



CAORANGE01

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE