

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

1052012188281

### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201219042110

|                                   |  |   |   |
|-----------------------------------|--|---|---|
| STATE FILE NUMBER                 |  | LOCAL REGISTRATION NUMBER   |   |
| THIS CHILD                        | 1A NAME OF CHILD FIRST<br><b>RYUSEI</b>  | 1B MIDDLE<br><b>KAILAS</b>  | 1C LAST<br><b>YASUO</b>   |
|                                   | 2 SEX<br><b>MALE</b>   | 3A THIS BIRTH, SINGLE, TWIN, ETC<br><b>SINGLE</b>                 | 3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC<br><b>-</b>  |
| PLACE OF BIRTH                    | 4A DATE OF BIRTH MM/DD/YYYY<br><b>05/15/2012</b>   | 4B HOUR 24 HOUR CLOCK TIME<br><b>1814</b>                         |   |
|                                   | 5A PLACE OF BIRTH NAME OF HOSPITAL OR FACILITY<br><b>TORRANCE MEMORIAL MED CENTER</b>                                      |   | 5B STREET ADDRESS STREET AND NUMBER OR LOCATION<br><b>3330 LOMITA BLVD.</b>                       |
| FATHER                            | 6A NAME OF FATHER/PARENT FIRST<br><b>ATSUOMI</b>   | 6B MIDDLE<br><b>JAMES</b>   | 6C LAST<br><b>YASUO</b>   |
|                                   | 7 BIRTHPLACE STATE/COUNTRY<br><b>UT</b>  |   | 8 DATE OF BIRTH MM/DD/YYYY<br><b>03/30/1974</b>   |
| MOTHER                            | 9A NAME OF MOTHER/PARENT FIRST<br><b>SACHIKO</b>   | 9B MIDDLE<br><b>-</b>   | 9C LAST BIRTH NAME<br><b>ANEGANA</b>  |
|                                   | 10 BIRTHPLACE STATE/COUNTRY<br><b>CA</b>   |   | 11 DATE OF BIRTH MM/DD/YYYY<br><b>11/02/1974</b>  |
| INFORMANT AND BIRTH CERTIFICATION | 12A PARENT OR OTHER INFORMANT SIGNATURE<br><i>[Signature]</i>  |   | 12B RELATIONSHIP TO CHILD<br><b>Father</b>  |
|                                   | 12C DATE SIGNED MM/DD/YYYY<br><b>05/17/2012</b>  |   | 13B LICENSE NUMBER<br><b>A91708</b>   |
| INFORMANT AND BIRTH CERTIFICATION | 13A ATTENDANT CERTIFIER SIGNATURE AND DEGREE OR TITLE<br><i>Mayra Peralta, Birth Clerk</i>                                 |   | 13C DATE SIGNED MM/DD/YYYY<br><b>05/17/2012</b>   |
|                                   | 13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT<br><b>HEATHER L. MILLER, MD, 4201 TORRANCE BLVD. #600, TORRANCE</b> |   | 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT<br><b>MAYRA PERALTA, BIRTH CLERK</b> |
| LOCAL CERTIFICATION               | 15A DATE OF DEATH MM/DD/YYYY   | 15B STATE FILE NO. STATE USE ONLY                                 | 16 LOCAL REGISTRAR SIGNATURE<br><i>[Signature]</i>  |
|                                   |  | 17 DATE ACCEPTED FOR REGISTRATION MM/DD/YYYY<br><b>05/24/2012</b> |   |

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 is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

JUL 31 2017



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANGOR

