

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201719065415

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

| | | | | | | |
|-----------------------------------|---|---|--|---|---|---|
| THIS CHILD | 1A NAME OF CHILD - FIRST LOUIS | | 1B MIDDLE KENTARO | | 1C LAST GOULET | |
| | 2 SEX MALE | 3A THIS BIRTH, SINGLE, TWIN, ETC SINGLE | 3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC - | | 4A DATE OF BIRTH - MM/DD/YYYY 08/03/2017 | 4B HOUR - 24 HOUR CLOCK TIME 1113 |
| PLACE OF BIRTH | 5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY PROVIDENCE LCM-TORRANCE | | | 5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION 4101 TORRANCE BLVD | | |
| | 5C CITY TORRANCE | | | 5D COUNTY LOS ANGELES | | |
| NAME OF FATHER | 6A NAME OF FATHER - FIRST DAVID | | 6B MIDDLE ROLAND | | 6C LAST - BIRTH NAME GOULET | |
| | 6D <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT | | 7 BIRTHPLACE - STATE/COUNTRY MA | | 8 DATE OF BIRTH 05/06/1972 | |
| NAME OF MOTHER | 9A NAME OF MOTHER - FIRST MEGUMI | | 9B MIDDLE - | | 9C LAST - BIRTH NAME TAKEMOTO | |
| | 9D <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT | | 10 BIRTHPLACE - STATE/COUNTRY JAPAN | | 11 DATE OF BIRTH 08/24/1976 | |
| 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>David Goulet</i> | | | 12B RELATIONSHIP TO CHILD FATHER |
| | 1 I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED | | 13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Shirley Erwin B.C.</i> | | | 12C DATE SIGNED 08/07/2017 |
| | 13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT MIA SANDERS, MD, 20911 EARL STREET, TORRANCE | | | 13B LICENSE NUMBER A98270 | | |
| LOCAL REGISTRAR | 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT SHIRLEY ERWIN, BIRTH CLERK | | 13C DATE SIGNED 08/07/2017 | | 17 DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 08/14/2017 | |
| | 15A DATE OF DEATH - MM/DD/YYYY | 15B STATE FILE NO STATE USE ONLY | 16 LOCAL REGISTRAR - SIGNATURE JEFFREY D GUNZENHAUSER, MD SS | | | |

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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

OCT 17 2017



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

