

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201619039413

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A NAME OF CHILD - FIRST COREY		1B MIDDLE KOTA		1C LAST YAMAGUCHI	
	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 05/03/2016	4B HOUR - 24 HOUR CLOCK TIME 1228
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 PARENT	6A NAME OF PARENT - FIRST TEPPEI		6B MIDDLE -		6C LAST - BIRTH NAME YAMAGUCHI	
	6D <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		7 BIRTHPLACE - STATE/COUNTRY JAPAN		8 DATE OF BIRTH 04/13/1977	
NAME OF PARENT	9A NAME OF PARENT - FIRST KANA		9B MIDDLE -		9C LAST - BIRTH NAME UEMURA	
	9D <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		10 BIRTHPLACE - STATE/COUNTRY JAPAN		11 DATE OF BIRTH 04/26/1978	
INFORMANT AND BIRTH CERTIFICATION	12A CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12B PARENT OR OTHER INFORMANT - SIGNATURE 		12C RELATIONSHIP TO CHILD Parents	
	12D CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE Teri Roque, B.C.		13B LICENSE NUMBER G54975	
	13C DATE SIGNED 05/06/2016		13D DATE SIGNED 05/06/2016		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT TERI ROQUE, BIRTH CLERK	
13E TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT HENRY WU, MD, 520 N. PROSPECT AVE., REDONDO BEACH		13F TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT TERI ROQUE, BIRTH CLERK				
LOCAL REGISTRATION	15A DATE OF DEATH - MM/DD/YYYY		15B STATE FILE NO. - STATE USE ONLY		15 LOCAL REGISTRAR - SIGNATURE JEFFREY D GUNZENHAUSER, MD SS	
					17 DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 05/15/2016	

CALOSANG02



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.

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