

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

1201119108630

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A NAME OF CHILD - FIRST MAYO	1B MIDDLE -	1C LAST NAGAE
	2 SEX FEMALE	3A THIS BIRTH, SINGLE, TWIN, ETC SINGLE	3B IF MULTIPLE, THIS CHILD 1ST, 2ND ETC -
		4A DATE OF BIRTH - MM/DD/CCYY 11/23/2011	4B HOUR - 24 HOUR CLOCK TIME 0618
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY SANTA MONICA UCLA MED CNTR		5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION 1250 16TH STREET
	5C CITY SANTA MONICA		5D COUNTY LOS ANGELES
FATHER PARENT	6A NAME OF FATHER/PARENT - FIRST DAISUKE	6B MIDDLE -	6C LAST NAGAE
		7 BIRTHPLACE - STATE/COUNTRY JAPAN	8 DATE OF BIRTH - MM/DD/CCYY 07/11/1977
MOTHER PARENT	9A NAME OF MOTHER/PARENT - FIRST MANA	9B MIDDLE -	9C LAST - BIRTH NAME KASAI
		10 BIRTHPLACE - STATE/COUNTRY JAPAN	11 DATE OF BIRTH - MM/DD/CCYY 11/20/1975
INFORMANT AND BIRTH CERTIFICATION	12A PARENT OR OTHER INFORMANT - SIGNATURE <i>Daisuke Nagae</i>		12B RELATIONSHIP TO CHILD <i>Father</i>
	12C DATE SIGNED - MM/DD/CCYY 11/25/2011		
	13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Susan D Nolan, RN</i>		13B LICENSE NUMBER AO67519
	13C DATE SIGNED - MM/DD/CCYY 11/25/2011		
13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT ANGELA NISHIO, MD, 1301 20TH STREET, SANTA MONICA			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT SUSAN D NOLAN, RN
LOCAL REGISTRAR	15A DATE OF DEATH - MM/DD/CCYY	15B STATE FILE NO. - STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE JONATHAN E FIELDING, MD
			17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 12/07/2011

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

JAN 27 2012



This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

