

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201019043340

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER				LOCAL REGISTRATION NUMBER	
THIS CHILD	1A NAME OF CHILD - FIRST ENNIS	1B MIDDLE AINA RY	1C LAST LO		
	2 SEX FEMALE	3A THIS BIRTH SINGLE TWIN ETC SINGLE	3B IF MULTIPLE THIS CHILD 1ST 2ND ETC -	4A DATE OF BIRTH - MM/DD/YYYY 05/14/2010	4B HOUR - 24 HOUR CLOCK TIME 2252
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY GOOD SAMARITAN HOSPITAL		5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION 1225 WILSHIRE BLVD		
	5C CITY LOS ANGELES		5D COUNTY LOS ANGELES		
FATHER PARENT	6A NAME OF FATHER/PARENT - FIRST ROLAND	6B MIDDLE AI	6C LAST LO	7 BIRTHPLACE - STATE - COUNTRY VIETNAM	8 DATE OF BIRTH - MM/DD/YYYY 01/12/1971
MOTHER PARENT	8A NAME OF MOTHER/PARENT - FIRST YUKIE	8B MIDDLE -	8C LAST - BIRTH NAME TANUMA	10 BIRTHPLACE - STATE - COUNTRY JAPAN	11 DATE OF BIRTH - MM/DD/YYYY 12/23/1970
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>[Signature]</i>		12B RELATIONSHIP TO CHILD MOTHER
	2 CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13A ATTENDANT, CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>[Signature], OB Specialist</i>		13B LICENSE NUMBER G47909
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT ROBERT OZAKI, MD, 420 E. 3rd STREET, LOS ANGELES		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT MAVIS SWANN, OB SPECIALIST		
LOCAL REGISTRAR	15A DATE OF DEATH - MM/DD/YYYY	15B STATE FILE NO. STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE JONATHAN E FIELDING, MD <i>[Signature]</i>		17 DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 05/26/2010

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E Fielding MD
VB
Director of Public Health and Registrar

DATE ISSUED **DEC - 1 2010** *HD2223779*



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

