COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

*****	STATE FILE NUMBER		STA	ERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY			1201119108080 LOCAL REGISTRATION NUMBER		
THIS CHILD	1A NAME OF CHILD - FIRST LUKE		18 MIDDLE YUSE	18 MIDDLE YUSEI		IC LAST WADA			
	2 SEX 3A THIS BIRTH, SINGLE, TWIN, ETC SINGLE		3B IF MULTI	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		A DATE OF BIRTH - MM/DD/CCYY 11/16/2011		B HOUR 24 HOUR CLOCK TIME 1951	
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					
	TORRANCE			5D COUNTY LOS ANGELES					
FATHER/ PARENT	6A NAME OF FATHER/PARENT - FIRST TAKASHI	68 MIDDLE		RC LAST 7 BIRTHPLACE STATE WADA JAPAN			ACE STATE/ COUNTRY	COUNTRY 8 DATE OF BIRTH MM/DD/CCYY 10/13/1973	
MOTHER/ PARENT	9A NAME OF MOTHER/PARENT - FIRST TAKAKO	9B MIDDLE		9C LAST-BIRTH NAME TAKADA	10 BIRTHP	LACE STATE/COUNTRY	11 DATE OF BIRTH MM/DDICCY 08/15/1974		
INFORMANT AND BIRTH CERTIFICATION	CERTIFY THAT I HAVE REVIEWED THE STATED AFORMATION AND THAT IT IS TRUE AND ORRECT TO THE BEST OF MY KNOWLEDGE		THER INFORMANT	SIGNATURE		12B RELATIONSHIP TO CHILD		12C DATE SIGNED MM/DD/CCY 11/18/2011	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED	12432	0 -	URE AND DEGREE OR TITLE 101 OWNER SUPER V	702	13B LICENSE NUMBER G63053		13C DATE SIGNED MM/DD/CCY/ 11/18/2011	
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT FRANCINE ITO, MD, 4201 TORRANCE BLVD., TORRANCE				子 類	14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT April Morones Supervisor			

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
Registrar-Recorder/County Clerk

JIII 0 5 2012

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

