

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

1201430010797

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST <b>HAROLD</b>		1B. MIDDLE <b>HIROKI</b>	1C. LAST <b>KASAVAN</b>	
	2. SEX <b>MALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. <b>-</b>	4A. DATE OF BIRTH - MM/DD/CCYY <b>04/11/2014</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>1158</b>
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>HOAG MEMORIAL HOSPITAL</b>			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>ONE HOAG DRIVE</b>	
	5C. CITY <b>NEWPORT BEACH</b>			5D. COUNTY <b>ORANGE</b>	
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST <b>DESMOND</b>	6B. MIDDLE <b>ALEXANDER</b>	6C. LAST <b>KASAVAN</b>	7. BIRTHPLACE - STATE/COUNTRY <b>OH</b>	8. DATE OF BIRTH - MM/DD/CCYY <b>12/30/1963</b>
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST <b>HANAKO</b>	9B. MIDDLE <b>-</b>	9C. LAST - BIRTH NAME <b>HORIKOSHI</b>	10. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>	11. DATE OF BIRTH - MM/DD/CCYY <b>10/31/1973</b>
INFORMANT AND BIRTH CERTIFICATION	1. 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>Desmond Kasavan</i>		12B. RELATIONSHIP TO CHILD <b>FATHER</b>
	1. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>DR</i>		12C. DATE SIGNED - MM/DD/CCYY <b>04/13/2014</b>
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>R AGNEW, MD, 351 HOSPITAL RD #306, NEWPORT BEACH, 92663</b>			13B. LICENSE NUMBER <b>C-28577</b>	
LOCAL REGISTRAR	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>BETH DEVORE, LEAD</b>			13C. DATE SIGNED - MM/DD/CCYY <b>04/13/2014</b>	
	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <i>Eric G. Handler</i> <b>ERIC G. HANDLER, MD</b>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>04/16/2014</b>

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED

APR 23 2014

STATE OF CALIFORNIA }  
COUNTY OF ORANGE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

*Eric G. Handler M.D.*  
ERIC G. HANDLER, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

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



\* 003446219 \*



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE