

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

1052012397195

#### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201219093649

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A NAME OF CHILD FIRST <b>LISA</b>		1B MIDDLE <b>SATAKE</b>		1C LAST <b>LEUNG</b>	
	2 SEX <b>FEMALE</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>10/08/2012</b>	4B HOUR 24 HOUR CLOCK TIME <b>2122</b>
PLACE OF BIRTH	5A PLACE OF BIRTH NAME OF HOSPITAL OR FACILITY <b>SANTA MONICA UCLA MED CNTR</b>			5B STREET ADDRESS STREET AND NUMBER, OR LOCATION <b>1250 16TH STREET</b>		
	5C CITY <b>SANTA MONICA</b>			5D COUNTY <b>LOS ANGELES</b>		
FATHER/PARENT	6A NAME OF FATHER/PARENT FIRST <b>WILSON</b>		6B MIDDLE <b>KENNETH</b>		6C LAST <b>LEUNG</b>	
	7 BIRTHPLACE STATE/COUNTRY <b>CA</b>		8 DATE OF BIRTH MM/DD/CCYY <b>04/10/1980</b>			
MOTHER/PARENT	9A NAME OF MOTHER/PARENT FIRST <b>NORIKO</b>		9B MIDDLE <b>-</b>		9C LAST BIRTH NAME <b>SATAKE</b>	
	10 BIRTHPLACE STATE/COUNTRY <b>JAPAN</b>		11 DATE OF BIRTH MM/DD/CCYY <b>01/19/1981</b>			
INFORMANT AND BIRTH CERTIFICATION	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>Wilson Kenneth Leung</i>		12B RELATIONSHIP TO CHILD <b>Father</b>	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13A ATTENDANT/CERTIFIER SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i>		12C DATE SIGNED MM/DD/CCYY <b>10/10/2012</b>	
	13B LICENSE NUMBER <b>A68587</b>		13C DATE SIGNED MM/DD/CCYY <b>10/10/2012</b>			
	13D TYPED NAME TITLE AND MAILING ADDRESS OF ATTENDANT <b>LILLIAN MORRIS, MD, 1245 16TH STREET, SANTA MONICA</b>				14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
LOCAL REGISTRAR	15A DATE OF DEATH MM/DD/CCYY		15B STATE FILE NO STATE USE ONLY		16 LOCAL REGISTRAR SIGNATURE <b>JONATHAN E FIELDING, MD</b> <i>[Signature]</i>	
					17 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY <b>10/23/2012</b>	

This is to certify that this document is a true copy of the official record filed with Vital Records.

Effective 06/11/12: *Sony Agurto* DATE ISSUED  
TONY AGURTO, MPA, State Registrar **JUN 24 2013**

*Linette T Scott*  
LINETTE T SCOTT, MD, MPH  
STATE REGISTRAR OF VITAL RECORDS

This copy not valid unless prepared on engraved border displaying seal and signature of the State Registrar.  
(Rev. 06/11)



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