

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

1201330012033
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST ANJU	1B. MIDDLE -	1C. LAST MATSUNAGA
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -
PLACE OF BIRTH	4A. DATE OF BIRTH - MM/DD/CCYY 04/20/2013	4B. HOUR - 24 HOUR CLOCK TIME 1731	
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY HOAG MEMORIAL HOSPITAL	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION ONE HOAG DRIVE 1 of 2	
	5C. CITY NEWPORT BEACH	5D. COUNTY ORANGE	
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST TOMOYUKI	6B. MIDDLE -	6C. LAST MATSUNAGA
	7. BIRTHPLACE - STATE/COUNTRY JAPAN	8. DATE OF BIRTH - MM/DD/CCYY 07/13/1981	
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST KAORI	9B. MIDDLE -	9C. LAST - BIRTH NAME TAKEUCHI
	10. BIRTHPLACE - STATE/COUNTRY JAPAN	11. DATE OF BIRTH - MM/DD/CCYY 12/31/1976	
INFORMANT AND BIRTH CERTIFICATION	12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>[Signature]</i>		12B. RELATIONSHIP TO CHILD Mother
	12C. DATE SIGNED - MM/DD/CCYY 04/21/2013		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Rita Dogger</i>
	13B. LICENSE NUMBER A-78866		13C. DATE SIGNED - MM/DD/CCYY 04/21/2013
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT P MOZAYENI, MD, 4050 BARRANCA PKWY #160, IRVINE		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT RITA DOGGER ROILEAD
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>
			17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 04/30/2013

CERTIFIED COPY OF VITAL RECORDS



* 003229972 *

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED **JUN 10 2013**

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.

[Signature]
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.

PSNCO (REV) 8/92



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

1052013133221
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD
NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

1201330012033
LOCAL REGISTRATION NUMBER

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

1A. NAME—FIRST ANJU	1B. MIDDLE ---	1C. LAST MATSUNAGA
2. SEX FEMALE	3. DATE OF EVENT—MM/DD/YYYY 04/20/2013	4. CITY OF EVENT NEWPORT BEACH
5. COUNTY OF EVENT ORANGE	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD TOMOYUKI - MATSUNAGA	7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD KAORI - TAKEUCHI

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
8	07/13/1981	07/03/1980
2 of 2		

11. REASON FOR CORRECTION
TO CORRECT FATHERS BIRTHDATE

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

11A. SIGNATURE OF FIRST PERSON <i>[Signature]</i>	11B. PRINTED NAME TOMOYUKI MATSUNAGA	11C. TITLE/RELATIONSHIP TO PERSON IN PART I FATHER
11D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 402 W. STEVENS AVE. #C, SANTA ANA, CA 92707	11E. DATE SIGNED—MM/DD/YYYY 05/27/2013	11F. TITLE/RELATIONSHIP TO PERSON IN PART I MOTHER
12A. SIGNATURE OF SECOND PERSON <i>[Signature]</i>	12B. PRINTED NAME KAORI MATSUNAGA	12C. DATE SIGNED—MM/DD/YYYY 05/27/2013
12D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 402 W. STEVENS AVE. #C, SANTA ANA, CA 92707	12E. DATE ACCEPTED FOR REGISTRATION 06/04/2013	

14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR
OFFICE OF VITAL RECORDS

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS
FORM VS 24 (REV. 9/08)

CERTIFIED COPY OF VITAL RECORDS



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COUNTY OF ORANGE } SS

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[Signature] H.O.
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA



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