COUNTY OF ORANGE

HEALTH CARE AGENCY

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

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER   1201730006557   LOCAL REGISTRATION NUMBER

THIS CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
SOFIA	MIYUKI	OSSO

2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
FEMALE	SINGLE	-	03/01/2017	2350

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION
HOAG MEMORIAL HOSPITAL	ONE HOAG DRIVE

5C. CITY	5D. COUNTY
NEWPORT BEACH	ORANGE

NAME OF PARENT

6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME	6D.	7. BIRTHPLACE - STATE/ COUNTRY	8. DATE OF BIRTH
MATTHEW	MICHAEL	OSSO	☐ MOTHER ☒ FATHER ☐ PARENT	CA	07/16/1973

9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D.	10. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH
MITSUKO	-	SANO	☒ MOTHER ☐ FATHER ☐ PARENT	JAPAN	06/07/1979

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	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
	(signature)	FATHER	03/02/2017

I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED
	Roxana Cornejo	A-67668	03/02/2017

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
M AHDOOT, MD, 15775 LAGUNA CYN RD #200, IRVINE	ROXANA CORNEJO, HIM

LOCAL REGISTRAR

15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
		ERIC G. HANDLER, MD	03/07/2017

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ORANGE

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.

DATE ISSUED   March 10, 2017

003924591

(signature) Eric S Handler M.D.
ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

CAORANGE01