

COUNTY OF ORANGE

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

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER
 1200930027692

1A. NAME OF CHILD - FIRST AYA	1B. MIDDLE JOSE	1C. LAST ZELZNIKAR
2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD, 1ST, 2ND, ETC. 1
4A. DATE OF BIRTH - MM/DD/CCYY 08/18/2009		
4B. HOUR - 24 HOUR CLOCK TIME 0349		

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY NEWPORT BEACH		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION ONE HOAG DRIVE
5C. CITY NEWPORT BEACH		5D. COUNTY ORANGE
6A. NAME OF FATHER/PARENT - FIRST PAUL	6B. MIDDLE JAMES	6C. LAST ZELZNIKAR
9A. NAME OF MOTHER/PARENT - FIRST KEIKO	9B. MIDDLE -	9C. LAST: BIRTH NAME FUJINUMA
10. BIRTHPLACE - STATE/COUNTRY CA		11. DATE OF BIRTH - MM/DD/CCYY 11/04/1963
12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>Paul James</i>		12B. RELATIONSHIP TO CHILD FATHER
12C. DATE SIGNED - MM/DD/CCYY 08/20/2009		12D. SIGNATURE <i>Eric G. Handler</i>
13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>L. Felix, HIS</i>		13B. LICENSE NUMBER A-105489
13C. DATE SIGNED - MM/DD/CCYY 08/20/2009		13D. SIGNATURE <i>L. Felix, HIS</i>
14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT L. FELIX, HIS		

15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	15C. LOCAL REGISTRAR - SIGNATURE <i>Eric G. Handler, MD</i>	15D. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 08/26/2009
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17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 08/26/2009			

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28. MIDDLE

29. LAST

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31. MIDDLE

32. LAST: BIRTH NAME

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