

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

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

1201730007643

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST AZAMI		1B. MIDDLE MILA	1C. LAST HUNTER	
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	4A. DATE OF BIRTH - MM/DD/CCYY 03/12/2017	4B. HOUR - 24 HOUR CLOCK TIME 0511
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY SADDLEBACK MEMORIAL MED CTR			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 24451 HEALTH CENTER DRIVE	
	5C. CITY LAGUNA HILLS			5D. COUNTY ORANGE	
NAME OF PARENT	6A. NAME OF PARENT - FIRST ROSS	6B. MIDDLE CRAIG	6C. LAST - BIRTH NAME HUNTER	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTHPLACE - STATE/COUNTRY SCOTLAND
	8. DATE OF BIRTH 12/13/1985				
NAME OF PARENT	8A. NAME OF PARENT - FIRST MIYU	8B. MIDDLE -	8C. LAST - BIRTH NAME HIJIKATA	8D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	9. BIRTHPLACE - STATE/COUNTRY JAPAN
	10. DATE OF BIRTH 06/05/1985				
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>[Signature]</i>		12B. RELATIONSHIP TO CHILD FATHER
	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 03/13/2017
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT ALLISON MOLINSKI, CNM, 31852 COAST HWY, LAGUNA BEACH			13B. LICENSE NUMBER 2029	13C. DATE SIGNED 03/13/2017
			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT SUSAN BARRERO, BRTH COORD		
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD <i>[Signature]</i>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 03/16/2017

**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 April 3, 2017



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[Signature]
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.



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