

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201619010774

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER				LOCAL REGISTRATION NUMBER	
THIS CHILD	1A NAME OF CHILD - FIRST	1B MIDDLE	1C LAST		
	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
	MINNE	-	YU	02/06/2016	2159
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION		
	5C CITY		5D COUNTY		
	KAISER HOSPITAL: SOUTH BAY		25825 SOUTH VERMONT AVE		
	HARBOR CITY		LOS ANGELES		
NAME OF PARENT	6A NAME OF PARENT - FIRST	6B MIDDLE	6C LAST - BIRTH NAME	6D <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7 BIRTHPLACE - STATE/COUNTRY
	8A NAME OF PARENT - FIRST	8B MIDDLE	8C LAST - BIRTH NAME	8D <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	8E BIRTHPLACE - STATE/COUNTRY
	XIAO	XI	YU		CHINA
	MAYA	-	MICHIEHATA		JAPAN
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	8 DATE OF BIRTH
	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	11 DATE OF BIRTH
			<i>M. Thomas</i>	MOTHER	03/27/1984
			<i>Miriam Cerda Birth Clerk</i>	20A13316	03/16/1983
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
	MARIA THOMAS, DO, 25825 S. VERMONT AVE, HARBOR CITY		MIRIAM CERDA, BIRTH CLERK		
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	
			JEFFREY D GUNZENHAUSER, MD <i>J</i>	02/12/2016	

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



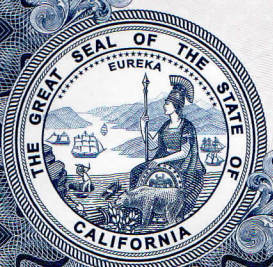
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Jeffrey D. Gunzenhauser, MD
VF
Health Officer and Registrar

DATE ISSUED **MAR -8 2016**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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