STATE OF CALIFORNIA

ECERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

	CTAYE EN	E MINDEO		CERTIFICATE OF LIVE BIRTH			1201219031481		
il ve Hill	STATE FILE NUMBER 1A NAME OF CHILD FIRST MISAKI			USE BLACK INK ONLY 18 MIDDLE I SABELLA		IC LAST	1C LAST		
CHILD						HAGA			
	2 SEX 3A THIS BIRTH, SINGLE, TWIN, ETC FEMALE SINGLE			38 IF MULTIPLE, THIS CHILD 1ST 2ND ETC		4A DATE OF BIRTH - MM/DD/CCYY 04/05/2012			48 HOUR - 24 HOUR CLOCK TIME 0705
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY PROVIDENCE LCM-TORRANCE				SB STREET ADDRESS - STREET AND NUMBER, OR LOCATION 4101 TORRANCE BLVD				
	SC CITY TORRANCE				5D COUNTY LOS ANGELES				
PARENT	6A NAME OF FATHER/PARENT - FIRST 6B MIDDLE -			The state of the	ec last HAGA			7 BIRTHPLACE STATE COUNTR	11/29/1966
MOTHER	9A NAME OF MOTHER/PARENT - FIRST 9B MIDDLE NATSU -				9C LAST - BIRTH NAME SAEKI			10 BIRTHPLACE - STATE COUNT JAPAN	08/28/1972
INFORMANT AND BIRTH CERTIFICATION				OTHER INFORMANT - SIGNATURE			Mother		04/06/2012
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED		13A ATTENDANT/C	ERTIFIER SIGNATURE AND DEGREE OR TITLE L JULIA SUBLICATION			138 LICENSE NUMBER G52785		04/06/2012
	JOHN LIM,	\$1550 DESCRIPTION OF THE PROPERTY OF THE PROPE	SS OF ATTENDANT	LVD, TORRANCE			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT Nicole Weber Supervisor		
LOCAL	ISA DATE OF DEATH MM/DOV	CCYY 15B STATE FIL	E NO STATE USE ONLY		TRAR SIGNATURE JONATHAN E FIE	LDING,	MD		/23/2012

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

DEAN C. LOGAN Registrar-Recorder County Clerk * 0 0 1 9 4 9 2 5 7 *

ORDER CORDER COR

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

PBNCO (REX) 07/11