

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

1052014139938

#### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201419028866

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>THIS CHILD</b>	1A NAME OF CHILD FIRST <b>MILA</b>		1B MIDDLE <b>YUUNA</b>		1C LAST <b>FONSECA</b>	
	2 SEX <b>FEMALE</b>	3A THIS BIRTH, SINGLE, TWIN, ETC <b>SINGLE</b>	3B IF MULTIPLE THIS CHILD 1ST 2ND ETC <b>-</b>		4A DATE OF BIRTH MM/DD/CCYY <b>04/02/2014</b>	4B HOUR 24 HOUR CLOCK TIME <b>0523</b>
<b>PLACE OF BIRTH</b>	5A PLACE OF BIRTH NAME OF HOSPITAL OR FACILITY <b>PROVIDENCE LCM-TORRANCE</b>			5B STREET ADDRESS STREET AND NUMBER, OR LOCATION <b>4101 TORRANCE BLVD</b>		
	5C CITY <b>TORRANCE</b>			5D COUNTY <b>LOS ANGELES</b>		
<b>FATHER PARENT</b>	6A NAME OF FATHER/PARENT FIRST <b>JOHNNY</b>		6B MIDDLE <b>-</b>	6C LAST <b>FONSECA</b>		7 BIRTHPLACE STATE/COUNTRY <b>CA</b>
	8 DATE OF BIRTH MM/DD/CCYY <b>12/18/1983</b>					
<b>MOTHER PARENT</b>	9A NAME OF MOTHER/PARENT FIRST <b>MARIKO</b>		9B MIDDLE <b>-</b>	9C LAST BIRTH NAME <b>MIYOSHI</b>		10 BIRTHPLACE STATE/COUNTRY <b>JAPAN</b>
	11 DATE OF BIRTH MM/DD/CCYY <b>06/29/1980</b>					
<b>INFORMANT AND BIRTH CERTIFICATION</b>	1 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>Mariko Fonseca</i>		12B RELATIONSHIP TO CHILD <b>MOTHER</b>	
	1 CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED		13A ATTENDANT/CERTIFIER SIGNATURE AND DEGREE OR TITLE <i>Teri Roque, B.O.</i>		13B LICENSE NUMBER <b>A102928</b>	
	13C DATE SIGNED MM/DD/CCYY <b>04/04/2014</b>					
13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>DANNY DAN, MD, 20911 EARL STREET, TORRANCE</b>					14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>TERI ROQUE, BIRTH CLERK</b>	
<b>LOCAL REGISTRAR</b>	15A DATE OF DEATH MM/DD/CCYY		15B STATE FILE NO. STATE USE ONLY		16 LOCAL REGISTRAR SIGNATURE <b>JONATHAN E FIELDING, MD <i>SS</i></b>	
					17 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY <b>04/10/2014</b>	

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

*Sony Agurto*  
TONY AGURTO, MPA  
STATE REGISTRAR OF VITAL RECORDS

AUG - 6 2014



This copy not valid unless prepared on engraved border displaying seal and signature of State Registrar.  
(Rev. 12/13)



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE