

STATE OF MAINE

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STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
CERTIFICATE OF LIVE BIRTH

015-038928

Facility Control No

State File No

1a. FIRST NAME Kenzo		1b. MIDDLE NAME Kaya		1c. LAST NAME Sunal		1d. JR, ETC.		2. SEX Male	
3. DATE OF BIRTH (Mo., Day, Yr.) October 15, 2011		4. TIME OF BIRTH 12:26 PM		5. COUNTY OF BIRTH Cumberland		6. CITY OR TOWN OF BIRTH Portland			
7. PLACE OF BIRTH Hospital						8. FACILITY NAME (if not institution, give street and number) Maine Medical Center			
9. I certify that this child was born alive at the place and time and on the date stated. ▶ Lisa Parsons			10. DATE SIGNED (Mo., Day, Yr.) October 15, 2011		11. ATTENDANT'S NAME AND TITLE (if other than Certifier) (Type / Print) Name <u>Lisa Parsons</u> Title <u>M.D.</u> PRIMARY SPECIALTY PRACTICE: <input type="checkbox"/> GEN <input type="checkbox"/> FAM <input checked="" type="checkbox"/> OB-GYN <input type="checkbox"/> OTHER				
12. CERTIFIER'S NAME AND TITLE (Type / Print) Name <u>Lisa Parsons</u> Title <u>M.D.</u>					13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>22 Bramhall Street</u> <u>Portland, Maine 04102</u>				
14. REGISTRAR'S SIGNATURE ▶ <i>Katherine L Jones</i>						15. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <u>OCT 26 2011</u>			
15a. FIRST NAME Mayuri		15b. MIDDLE NAME		15c. LAST NAME Seko		17. MAIDEN SURNAME Seko			
18. DATE OF BIRTH (Mo., Day, Yr.) November 25, 1977		19. BIRTHPLACE (State or Foreign Country) Japan		20. RESIDENCE-STATE Maine		21. COUNTY York		22. CITY OR TOWN Buxton	
23. MOTHER'S MAILING ADDRESS 201 Flaggy Meadow Road Buxton, Maine						24. ZIP CODE 04093		25. YEARS LIVING IN PRESENT TOWN 0	
26a. FIRST NAME Can		26b. MIDDLE NAME		26c. LAST NAME Sunal		26d. JR, ETC.			
27. DATE OF BIRTH (Mo., Day, Yr.) February 8, 1975				28. BIRTHPLACE (State or Foreign Country) Turkey					
29. NAME OF INFORMANT Mayuri Seko									
30a. MOTHER MARRIED? (At birth, conception, or any time between)									

REGISTRAR AT PLACE OF RESIDENCE

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

TOWN OF: Buxton

DATE ISSUED: 11-29-2011

ATTEST: Brenda Brown

