

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

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

1201319076492

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST KAILA	1B. MIDDLE TOMI	1C. LAST NITTA
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -
PLACE OF BIRTH	4A. DATE OF BIRTH - MM/DD/CCYY 08/13/2013		4B. HOUR - 24 HOUR CLOCK TIME 1049
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY TORRANCE MEMORIAL MED CENTER		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 3330 LOMITA BLVD.
	5C. CITY TORRANCE		5D. COUNTY LOS ANGELES
FATHER PARENT	6A. NAME OF FATHER/PARENT - FIRST HIDEYA	6B. MIDDLE -	6C. LAST NITTA
MOTHER PARENT	9A. NAME OF MOTHER/PARENT - FIRST SHOKO	9B. MIDDLE -	9C. LAST - BIRTH NAME OKADO
INFORMANT AND BIRTH CERTIFICATION	7. BIRTHPLACE - STATE/COUNTRY JAPAN		8. DATE OF BIRTH - MM/DD/CCYY 03/27/1976
	12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>Jonathan E. Fielding</i>		12B. RELATIONSHIP TO CHILD FATHER
	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Mayra Peralta, Birth Clerk</i>		13B. LICENSE NUMBER A65728
	13C. DATE SIGNED - MM/DD/CCYY 08/19/2013		13D. DATE SIGNED - MM/DD/CCYY 08/19/2013
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT DEEPTOT SINGH, MD, 3400 LOMITA BL. 500, TORRANCE		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT MAYRA PERALTA, BIRTH CLERK	
15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE JONATHAN E FIELDING, MD SS	
		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 09/10/2013	

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
DEAN C. LOGAN
Registrar-Recorder/County Clerk

NOV 12 2013



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This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.
PRSCO (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

