

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

1201619024680

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST NOLAN		1B. MIDDLE SHOTA		1C. LAST LEEDS	
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -		4A. DATE OF BIRTH - MM/DD/CCYY 03/15/2016	4B. HOUR - 24 HOUR CLOCK TIME 1112
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY PROVIDENCE LCM-TORRANCE			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 4101 TORRANCE BLVD		
	5C. CITY TORRANCE			5D. COUNTY LOS ANGELES		
NAME OF PARENT	6A. NAME OF PARENT - FIRST ANDREW		6B. MIDDLE LOYE		6C. LAST - BIRTH NAME LEEDS	
	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		7. BIRTHPLACE - STATE/ COUNTRY MI		8. DATE OF BIRTH 01/29/1982	
NAME OF PARENT	9A. NAME OF PARENT - FIRST TOSHIMI		9B. MIDDLE -		9C. LAST - BIRTH NAME YAMADA	
	9D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT		10. BIRTHPLACE - STATE/ COUNTRY JAPAN		11. DATE OF BIRTH 07/27/1982	
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 <i>Andrew Loyal Leeds</i>		12B. RELATIONSHIP TO CHILD FATHER	
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Leri Roque, B.C.</i>		13B. LICENSE NUMBER G46910	
	12C. DATE SIGNED 03/17/2016		13C. DATE SIGNED 03/17/2016		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT TERI ROQUE, BIRTH CLERK	
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT CHRISTOPHER MEILLEUR, MD, 20911 EARL STREET, TORRANCE			16. LOCAL REGISTRAR - SIGNATURE JEFFREY D GUNZENHAUSER, MD <i>J</i>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 03/28/2016
	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY				

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.



000874261

APR - 8 2016

Health Officer and Registrar

VF

DATE ISSUED

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

