

**STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK**

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

1200819014714

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A NAME OF CHILD - FIRST <b>JAI DEN</b>		1B MIDDLE <b>SHION</b>		1C LAST <b>HASUNUMA</b>	
	2 SEX <b>MALE</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>02/05/2008</b>	4B HOUR - 24 HOUR CLOCK TIME <b>1349</b>
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>TORRANCE MEMORIAL MED CENTER</b>			5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>3330 LOMITA BLVD.</b>		
	5C CITY <b>TORRANCE</b>			5D COUNTY <b>LOS ANGELES</b>		
FATHER PARENT	6A NAME OF FATHER/PARENT - FIRST <b>KENICHI</b>		6B MIDDLE <b>-</b>	6C LAST <b>HASUNUMA</b>		7 BIRTHPLACE - STATE/COUNTRY <b>HONG KONG</b>
	8 DATE OF BIRTH - MM/DD/CCYY <b>08/16/1971</b>					
MOTHER PARENT	9A NAME OF MOTHER/PARENT - FIRST <b>NORIKO</b>		9B MIDDLE <b>-</b>	9C LAST - BIRTH NAME <b>TOMIYAMA</b>		10 BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>
	11 DATE OF BIRTH - MM/DD/CCYY <b>12/01/1975</b>					
INFORMANT AND BIRTH CERTIFICATION	1 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>Kenji Hasunuma</i>		12B RELATIONSHIP TO CHILD <b>Father</b>	12C DATE SIGNED - MM/DD/CCYY <b>02/07/2008</b>
	1 I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED		13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Jonathan E Fielding, MD</i>		13B LICENSE NUMBER <b>A483588</b>	13C DATE SIGNED - MM/DD/CCYY <b>02/07/2008</b>
	13D TYPED NAME TITLE AND MAILING ADDRESS OF ATTENDANT <b>CRISTAL LYNCH, MD, 3440 LOMITA BLVD. #352, TORRANCE</b>				14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>B. MUNIZ TAYLOR, RHIA</b>	
LOCAL REGISTRATION	15A DATE OF DEATH - MM/DD/CCYY	15B STATE FILE NO.	15C STATE USE ONLY	16 LOCAL REGISTRAR SIGNATURE <b>JONATHAN E FIELDING, MD</b> <i>SS</i>		17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>03/04/2008</b>

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  
Acting Registrar-Recorder/County Clerk

APR 01 2008  
\*019187052\*

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

PRNCO (REV.) 11/04

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE