

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201219063164

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST YUJIRO		1B. MIDDLE BRENTON		1C. LAST HAYASHI	
	2 SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC SINGLE		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -		4B. HOUR - 24 HOUR CLOCK TIME 1047
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		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST JAY		6B. MIDDLE DUANE		6C. LAST HAYASHI	
	7. BIRTHPLACE - STATE/COUNTRY HI		8. DATE OF BIRTH - MM/DD/CCYY 12/19/1975			
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST RIE		9B. MIDDLE -		9C. LAST - BIRTH NAME TAKADA	
	10. BIRTHPLACE - STATE/COUNTRY JAPAN		11. DATE OF BIRTH - MM/DD/CCYY 05/19/1976			
INFORMANT AND BIRTH CERTIFICATION	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>Riz</i>			12B. RELATIONSHIP TO CHILD MOTHER
	2. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Nicole Weber Supervisor</i>			12C. DATE SIGNED - MM/DD/CCYY 07/10/2012
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT KENNETH HOLLIMAN, MD, 20911 EARL STREET, TORRANCE			13B. LICENSE NUMBER CO39719		
LOCAL REGISTRATION	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <i>Nicole Weber Supervisor</i>		13C. DATE SIGNED - MM/DD/CCYY 07/10/2012			
	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE JONATHAN E FIELDING, MD		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 08/06/2012	

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.

Jonathan E Fielding MD
VF

DATE ISSUED

AUG - 7 2012

Director of Public Health and Registrar



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This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

