

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
 SANTA ANA, CALIFORNIA 92701

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
 USE BLACK INK ONLY

1201830002379

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST CADEN	1B. MIDDLE JAMES	1C. LAST MATSUMOTO
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -
PLACE OF BIRTH	4A. DATE OF BIRTH - MM/DD/YYYY 01/23/2018	4B. HOUR - 24 HOUR CLOCK TIME 0927	
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY HOAG MEMORIAL HOSPITAL	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION ONE HOAG DRIVE	
NAME OF FATHER	5C. CITY NEWPORT BEACH	5D. COUNTY ORANGE	
	6A. NAME OF FATHER - FIRST CORY	6B. MIDDLE JAMES	6C. LAST - BIRTH NAME MATSUMOTO
NAME OF MOTHER	7. BIRTH-PLACE - STATE/COUNTRY CA	8. DATE OF BIRTH 10/12/1981	
	9A. NAME OF MOTHER - FIRST CAROL	9B. MIDDLE THANH	9C. LAST - BIRTH NAME NGUYEN
INFORMANT AND BIRTH CERTIFICATION	10. BIRTH-PLACE - STATE/COUNTRY VIETNAM	11. DATE OF BIRTH 05/13/1978	
	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>Cory M.</i>	12B. RELATIONSHIP TO CHILD FATHER
LOCAL REGISTRAR	13. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT J LAI, MD, 500 SUPERIOR AVE #310, NEWPORT BEACH	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Donna Vig, HIM</i>	13B. LICENSE NUMBER A-91422
	15A. DATE OF DEATH - MM/DD/YYYY	15B. STATE FILE NO. - STATE USE ONLY	15C. DATE SIGNED 01/23/2018
16. LOCAL REGISTRAR - SIGNATURE <i>Eric G. Handler, MD</i>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 01/30/2018	

CAORANGE01

CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF ORANGE



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED March 7, 2018

Eric G. Handler H.O.
 ERIC G. HANDLER, MD
 COUNTY HEALTH OFFICER

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE