

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

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

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201530003629

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1A. NAME OF CHILD - FIRST		1C. LAST	
HARUKA		VONTHENEN - MENDOZA	
2. SEX		4A. DATE OF BIRTH - MM/DD/YYYY	
FEMALE		02/03/2015	
3A. THIS BIRTH - SINGLE, TWIN, ETC.		4B. HOUR - 24 HOUR CLOCK TIME	
SINGLE		2000	
5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION	
KAISER FOUNDATION HOSPITAL - IRVINE		6640 ALTON PARKWAY	
5C. CITY		5D. COUNTY	
IRVINE		ORANGE	
6A. NAME OF FATHER/PARENT - FIRST		7. BIRTHPLACE - STATE/COUNTRY	
JEFFREY		CA	
6B. MIDDLE		10. BIRTHPLACE - STATE/COUNTRY	
ROBERT		CA	
6C. LAST		11. DATE OF BIRTH - MM/DD/YYYY	
MENDOZA		07/31/1980	
9A. NAME OF MOTHER/PARENT - FIRST		12C. DATE SIGNED - MM/DD/YYYY	
KYOKO		02/04/2015	
12A. PARENT OR OTHER INFORMANT - SIGNATURE		13B. LICENSE NUMBER	
<i>Eric G. Handler</i>		C55578	
12B. RELATIONSHIP TO CHILD		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
PARENT		MICHELLE ALARCON, MRC	
13C. DATE SIGNED - MM/DD/YYYY		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY	
02/04/2015		02/09/2015	
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			
JESSICA SIMPSON, MD, 6640 ALTON PKWY, IRVINE			
15A. DATE OF DEATH - MM/DD/YYYY		16. LOCAL REGISTRAR - SIGNATURE	
		ERIC G. HANDLER, MD	
15B. STATE FILE NO. - STATE USE ONLY			



CERTIFIED COPY OF VITAL RECORDS
DATE ISSUED FEB 18 2015

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

Eric G. Handler
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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