

**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**

1201019061100

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

<b>THIS CHILD</b>	1A NAME OF CHILD - FIRST <b>NAGISA</b>	1B MIDDLE <b>PAIGE</b>	1C LAST <b>KURATA</b>	
	2 SEX <b>FEMALE</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>07/05/2010</b>
<b>PLACE OF BIRTH</b>	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>	
<b>FATHER/PARENT</b>	6A NAME OF FATHER/PARENT - FIRST <b>SEIJI</b>	6B MIDDLE <b>-</b>	6C LAST <b>KURATA</b>	7 BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>
	8 DATE OF BIRTH - MM/DD/CCYY <b>08/01/1975</b>			
<b>MOTHER/PARENT</b>	9A NAME OF MOTHER/PARENT - FIRST <b>FUMIKO</b>	9B MIDDLE <b>-</b>	9C LAST - BIRTH NAME <b>ASAHINA</b>	10 BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>
	11 DATE OF BIRTH - MM/DD/CCYY <b>04/13/1973</b>			
<b>INFORMANT AND BIRTH CERTIFICATION</b>	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>Fumiko Kurata</i>	
	12B RELATIONSHIP TO CHILD <b>Mother</b>		12C DATE SIGNED - MM/DD/CCYY <b>07/06/2010</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>Phyllis Pinon, RHIT</i>	
	13B LICENSE NUMBER <b>A40385</b>		13C DATE SIGNED - MM/DD/CCYY <b>07/06/2010</b>	
13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>YOUNG KWON, MD, 4201 TORRANCE BLVD. SUITE#600, TORRANCE</b>			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>PHYLLIS PINON, RHIT</b>	
<b>LOCAL REGISTRAR</b>	15A DATE OF DEATH - MM/DD/CCYY	15B STATE FILE NO - 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>07/21/2010</b>

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

MAR 09 2011

*Dean C Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk



\* 000815662 \*

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

