

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**


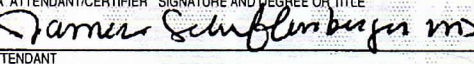

**COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK**

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

1201019119706

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A NAME OF CHILD - FIRST <b>KOA</b>		1B MIDDLE <b>KIDDOO</b>		1C LAST <b>FROEB</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>12/14/2010</b>
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>PROVIDENCE LCM-TORRANCE</b>			5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>4101 TORRANCE BLVD</b>		
	5C CITY <b>TORRANCE</b>			5D COUNTY <b>LOS ANGELES</b>		
FATHER/PARENT	6A NAME OF FATHER/PARENT - FIRST <b>GORDON</b>		6B MIDDLE <b>KIDDOO</b>		6C LAST <b>FROEB</b>	
	7 BIRTHPLACE STATE/COUNTRY <b>CA</b>		8 DATE OF BIRTH MM/DD/CCYY <b>07/23/1970</b>			
MOTHER/PARENT	9A NAME OF MOTHER/PARENT - FIRST <b>HARUKO</b>		9B MIDDLE <b>-</b>		9C LAST - BIRTH NAME <b>NAKAYAMA</b>	
	10 BIRTHPLACE STATE/COUNTRY <b>JAPAN</b>		11 DATE OF BIRTH MM/DD/CCYY <b>05/15/1976</b>			
INFORMANT AND BIRTH CERTIFICATION	12A PARENT OR OTHER INFORMANT - SIGNATURE 		12B RELATIONSHIP TO CHILD <b>MOTHER</b>		12C DATE SIGNED MM/DD/CCYY <b>12/17/2010</b>	
	1 CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		13A ATTENDANT/CERTIFIER SIGNATURE AND DEGREE OR TITLE 		13B LICENSE NUMBER <b>G48044</b>	
	1 CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED		13C DATE SIGNED MM/DD/CCYY <b>12/17/2010</b>		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
	13D TYPED NAME TITLE AND MAILING ADDRESS OF ATTENDANT <b>J SCHARFFENBERGER, MD, 20911 EARL ST., TORRANCE</b>				14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
LOCAL REGISTRAR	15A DATE OF DEATH MM/DD/CCYY		15B STATE FILE NO STATE USE ONLY		16 LOCAL REGISTRAR SIGNATURE <b>JONATHAN E FIELDING, MD</b> 	
					17 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY <b>12/30/2010</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  
Registrar-Recorder/County Clerk

FEB 24 2011



\* 000813523 \*

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

PBNC0 (Rev) 07/09

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

