

Reg. Dist. No. 31

Ohio Department of Health



VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

Primary Reg. Dist. No. 3101

3101-2007-10124

Registrar's No.

Certificate No. 134-2007-129849

CHILD	1. CHILD'S NAME (First, Middle, Last, Suffix) KARIN KANNA TAKEUCHI		
	2. TIME OF BIRTH (24hr) 15:46	3. SEX Female	4. DATE OF BIRTH (Mo/Day/Yr) 10/18/2007
	5a. FACILITY NAME (if not institution, give street and number) GOOD SAMARITAN HOSPITAL - CINCINNATI		
	5b. CITY, TOWN OR LOCATION OF BIRTH CINCINNATI		5c. COUNTY OF BIRTH HAMILTON
	6a. ATTENDANT'S NAME RINGGENBERG, EVA H		
ATTENDANT	6b. ATTENDANT'S TITLE M.D.		6c. DATE SIGNED (Mo/Day/Yr) 11/16/07
	6c. I certify that the above named child was born alive at the place and time on the date stated above.		
	6c. DATE SIGNED (Mo/Day/Yr) 11/16/07		
MOTHER	7a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) YUKO TAKEUCHI		7b. DATE OF BIRTH (Mo/Day/Yr) 10/22/1972
	7c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE TANAKA		7d. BIRTHPLACE (State, Territory, or Foreign Country) JAPAN
	7e. STREET AND NUMBER OF MOTHER'S RESIDENCE 3093 VILLAGE VIEW LANE		7f. CITY, TOWN OR LOCATION MORROW
	7g. STATE, TERRITORY, OR FOREIGN COUNTRY OHIO		7h. ZIP CODE 45152
			7i. COUNTY WARREN
FATHER	8a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) MAKOTO TAKEUCHI		
	8b. DATE OF BIRTH (Mo/Day/Yr) 06/30/1969	8c. BIRTHPLACE (State, Territory, or Foreign Country) JAPAN	
ACKNOWLEDGEMENT OF FILING	9a. REGISTRAR'S SIGNATURE <i>Camille Jones MS</i>		9b. DATE FILED BY REGISTRAR (Mo/Day/Yr) NOVEMBER 20, 2007



Rev 4

NO 2007-24481

CAMILLE JONES MS REGISTRAR

CAROL REGISTRAR