

COUNTY OF ORANGE

HEALTH CARE AGENCY


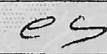
1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201030007204

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST SANA		1B. MIDDLE SHIMMURA	1C. LAST ODAJIMA	
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY HOAG MEMORIAL HOSPITAL			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION ONE HOAG DRIVE	
	5C. CITY NEWPORT BEACH			5D. COUNTY ORANGE	
	6A. NAME OF FATHER/PARENT - FIRST TAKASHI		6B. MIDDLE JIM	6C. LAST SHIMMURA	
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST TOMOKO		9B. MIDDLE -	9C. LAST - BIRTH NAME ODAJIMA	
	8. DATE OF BIRTH - MM/DD/CCYY 10/17/1952		10. BIRTHPLACE - STATE/COUNTRY JAPAN		11. DATE OF BIRTH - MM/DD/CCYY 12/17/1968
INFORMANT AND BIRTH CERTIFICATION	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 		12B. RELATIONSHIP TO CHILD FATHER
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE L Felix, MD		12C. DATE SIGNED - MM/DD/CCYY 03/05/2010
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT J LEE, MD, 351 HOSPITAL RD #316, NEWPORT BEACH		13B. LICENSE NUMBER A-68416		13C. DATE SIGNED - MM/DD/CCYY 03/05/2010
	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT L FELIX, HIS		16. LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD 		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 03/10/2010
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY			

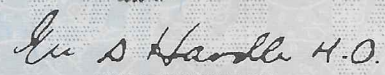
CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED **MAR 18 2010**

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.


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



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

