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IONS	NUMBER			112-	The Same and the same
ок	CHILD'S NAME FIRST	MIDDLE ANN		E OF BIATH MONTH, DAY YE	
<u>}</u> n .	SEX CHILD'S BLOOD TYPE CITY, TO		TAKEUCHI 2.	Mar. 3, 200	2 <sub>3</sub> , Ø8 26A,
	1 1000 0000 0 0 0 1	ark Ridge		7 Cook	
	PLACE OF BIRTH		TION, GIVE STREET AND NUMBER)		
2000	8 Hospital	<ul> <li>DV mas in Vision Volume in United International Company (Section 1997)</li> </ul>	eral Hospital 🔻 🦼		
	AND TIME AND ON THE DATE STATED.	F.THE.PLACE DATE SIGNED MONTH DAY, YE	ATTENDANTS NAME AND TITLE		YPEPRINTI
	(SIGNATURE OPTIONAL)	106 O/J/O	PING-WEN KUON	IUNG	s of winderson
8 776 3120	100 GOLL Y FRU			The Market State of the State o	And A. T. T. S. S. S. S.
ANT	CERTIFIER'S NAME AND TITLE (TYPEPRINT)		ATTENDANT'S MAILING ADDRES	S (STREET AND NUMBER OF BU	BAL BOLDE KINNBER CITY OF
1000	APRIL G FRICK		TOWN, STATE, ZIP COOP)	A SECTION AND A	
	BC CLERK		12 E. BUSSE A		Control of the contro
	Latinova i Pasilinia i		MT PROSPECT 1	L\$ 60056	
	LOCAL REGISTRAR'S		1977	M. The sales	
	14 SIGNATURE KAREN LESCOTT, M.D.	"hybro to w	ello DATE FILED BY	MAR T 4 ZULZ	H. DAY YEAR)
	MOTHER'S MAIDEN HAME (HAST MIDDLE LAST)		DATE OF BIRTH MONTH DAY YEAR	2	
1000 1000 1000	YUKO	TANAKA	10/22/19		
	RESIDENCE STREET AND NUMBER			TWP., OR ROAD DIST. NO.	INSIDE CITY (YES/NO)
8 9 F	194 268 WOODSTONE CIRCI			FALO GROVE	19c YES
	COUNTY	MOTHER'S MAILING ADDRESS (IF SAME AS AL	SIDENCE, ENTER ZIP GODE ONLY)	THE REPORT OF THE PARTY.	W. CONT. Wash
	TAKE 118e. IL	19r 60089	DATE OF BOOT INVOICE	Special and an application of the special spec	. 14 19 17/23
R	20 MAKOTO	TAKEICHŤ	DATE OF BIETH (MONTH DAY, YEAR 21 06/30/19	11. Shares 27.777	14. A Probation 1997, p. 1887. 1888.
		N PROVIDED ON THIS CERTIFICATE IS CORE	mente reimmilletti mitti ili ili esse veri uvertuse ili ili tili tili tili semi esse setti ili tili tili tili	, ZZ.	
ANT	23. INFORMANTS SIGNATURE (OPTIONAL)		A STATE OF THE STA	2013 (A)	A STAN STAN STAN STAN STAN STAN STAN STA
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	The state of the s		Argust 2 sees on all office.		
		GERTIFIED COPY OF	VITAL RECORDS	- AMONE FAMILIE	
	I HEREBY CER	ITFY THAT the foregoing is a true and o	orrect copy of the birth record for	the child named in	
	item I and that	his record was established and filed to	my office in accordance with th	e provisions of the	

red in my operation of the feet deaths, and deaths.

\*\*Cotto M.J.

\*\*RAMEN L. SCOTT, M.D.

CHEER DEPUTY REGISTRAN.

\*\*SPENATURE of Chief Deputy Registran.

DATEISSUED MAR 2 5 2002

DATE ISSUED

ISSUED AT:

1040 LAKE STREET

OAK PARK: ILLINOIS 60301

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