

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

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

1201319075650

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>THIS CHILD</b>	1A. NAME OF CHILD - FIRST <b>MYA</b>		1B. MIDDLE <b>GISELLE</b>	1C. LAST <b>IVES</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>08/30/2013</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>1234</b>
<b>PLACE OF BIRTH</b>	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>	
<b>FATHER PARENT</b>	6A. NAME OF FATHER/PARENT - FIRST <b>TYSON</b>		6B. MIDDLE <b>JAMES MAKOTO</b>	6C. LAST <b>IVES</b>	7. BIRTHPLACE - STATE/ COUNTRY <b>JAPAN</b>
	8. DATE OF BIRTH - MM/DD/CCYY <b>10/08/1982</b>				
<b>MOTHER PARENT</b>	9A. NAME OF MOTHER/PARENT - FIRST <b>AIRI</b>		9B. MIDDLE <b>-</b>	9C. LAST - BIRTH NAME <b>OKANO</b>	10. BIRTHPLACE - STATE/ COUNTRY <b>JAPAN</b>
	11. DATE OF BIRTH - MM/DD/CCYY <b>03/17/1982</b>				
<b>INFORMANT AND BIRTH CERTIFICATION</b>	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>Tom J. Ives</i>		12B. RELATIONSHIP TO CHILD <b>Father</b>
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Teri Roque, B.C.</i>		12C. DATE SIGNED - MM/DD/CCYY <b>09/03/2013</b>
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>DAVID S LU, MD, 20911 EARL STREET, TORRANCE</b>		13B. LICENSE NUMBER <b>G066695</b>		13C. DATE SIGNED - MM/DD/CCYY <b>09/03/2013</b>
			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>TERI ROQUE, BIRTH CLERK</b>		
<b>LOCAL REGISTRAR</b>	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	15. LOCAL REGISTRAR - SIGNATURE <b>JONATHAN E FIELDING, MD</b> <i>SS</i>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>09/09/2013</b>

This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



DATE ISSUED

SEP 24 2013

Director of Public Health and Registrar

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

FENCO (REV) 08/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

