

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

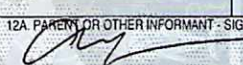

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201419039705

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

| | | | | | | |
|--|--|---|---|---|---|--|
| THIS CHILD | 1A. NAME OF CHILD - FIRST HUNTER | | 1B. MIDDLE TAKASHI | | 1C. LAST LEE | |
| | 2. SEX MALE | 3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE | 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. - | 4A. DATE OF BIRTH - MM/DD/CCYY 05/04/2014 | | 4B. HOUR - 24 HOUR CLOCK TIME 0010 |
| PLACE OF BIRTH | 5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY PROVIDENCE LCM-TORRANCE | | | 5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 4101 TORRANCE BLVD | | |
| | 5C. CITY TORRANCE | | | 5D. COUNTY LOS ANGELES | | |
| FATHER/PARENT | 6A. NAME OF FATHER/PARENT - FIRST ANDREW | | 6B. MIDDLE LANGLIN | | 6C. LAST LEE | |
| | 7. BIRTHPLACE - STATE/ COUNTRY CA | | 8. DATE OF BIRTH - MM/DD/CCYY 05/30/1976 | | | |
| MOTHER/PARENT | 9A. NAME OF MOTHER/PARENT - FIRST KANAKO | | 9B. MIDDLE - | | 9C. LAST - BIRTH NAME ASAKURA | |
| | 10. BIRTHPLACE - STATE/ COUNTRY JAPAN | | 11. DATE OF BIRTH - MM/DD/CCYY 05/01/1980 | | | |
| 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 Teri Roque, B.C. | | 13B. LICENSE NUMBER A69047 | |
| | 13C. DATE SIGNED - MM/DD/CCYY 05/06/2014 | | 13C. DATE SIGNED - MM/DD/CCYY 05/06/2014 | | | |
| | 13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT DANETTE DOAN, MD, 4101 TORRANCE BLVD., TORRANCE | | | 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT TERI ROQUE, BIRTH CLERK | | |
| LOCAL REGISTRAR | 15A. DATE OF DEATH - MM/DD/CCYY | | 15B. STATE FILE NO. - STATE USE ONLY | | 16. LOCAL REGISTRAR - SIGNATURE JONATHAN E FIELDING, MD  | |
| | | | | | 17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 05/12/2014 | |

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
DEAN C. LOGAN
Registrar-Recorder/County Clerk

AUG 22 2014



1000000069974

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.
FINCO (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE