

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

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

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201730037233

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST YUJI		1B. MIDDLE JEFF	1C. LAST VONTHENEN-MENDOZA	
	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 12/05/2017	4B. HOUR - 24 HOUR CLOCK TIME 0915
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY KAISER FOUNDATION HOSPITAL-IRVINE		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 6640 ALTON PARKWAY		
	5C. CITY IRVINE		5D. COUNTY ORANGE		
NAME OF PARENT	6A. NAME OF PARENT - FIRST JEFFREY		6B. MIDDLE ROBERT	6C. LAST - BIRTH NAME MENDOZA	80. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7. BIRTHPLACE - STATE/ COUNTRY CA		8. DATE OF BIRTH 11/16/1979		
NAME OF PARENT	9A. NAME OF PARENT - FIRST SCARLETT		9B. MIDDLE KYOKO	9C. LAST - BIRTH NAME VONTHENEN	90. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	10. BIRTHPLACE - STATE/ COUNTRY CA		11. DATE OF BIRTH 07/31/1980		
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 <i>Scarlett K. vonThenen</i>		12B. RELATIONSHIP TO CHILD PARENT
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Celene S Tapia, MRC</i>		12C. DATE SIGNED 12/06/2017
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT JENNIFER NEEPER, MD, 6640 ALTON PARKWAY, IRVINE		13B. LICENSE NUMBER A129194		13C. DATE SIGNED 12/06/2017
	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT CELENE S TAPIA, MRC		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 12/08/2017
		18. LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD <i>fu</i>			

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF ORANGE

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.

DATE ISSUED December 29, 2017

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.



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Eric G. Handler H.O.
ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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