

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201119120923
LOCAL REGISTRATION NUMBER

1A NAME OF CHILD - FIRST NADERM KAZHIRO		1B MIDDLE NAVERD	1C LAST WAGLE
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 12/28/2011		4B HOUR - 24 HOUR CLOCK TIME 1117	
5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY RONALD REAGAN UCLA HEALTH SYSTEM		5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION 757 WESTWOOD PLAZA	
6A NAME OF FATHER/PARENT - FIRST NAVERD		6B MIDDLE WAGLE	
6A NAME OF FATHER/PARENT - FIRST ABDULREHMAN		6B MIDDLE WAGLE	
7 BIRTHPLACE STATE/COUNTRY NY		8 DATE OF BIRTH MM/DD/CCYY 08/31/1977	
9A NAME OF MOTHER/PARENT - FIRST TOMOKO		9B MIDDLE -	
9A NAME OF MOTHER/PARENT - FIRST TAGAWA		9B MIDDLE -	
10 BIRTHPLACE STATE/COUNTRY CA		11 DATE OF BIRTH MM/DD/CCYY 12/20/1974	
12A PARENT OR OTHER INFORMANT - SIGNATURE <i>Jonathan E Fielding</i>		12B RELATIONSHIP TO CHILD PARENT	
12C DATE SIGNED - MM/DD/CCYY 12/30/2011		13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>MD</i>	
13B LICENSE NUMBER A95274		13C DATE SIGNED MM/DD/CCYY 12/28/2011	
14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT JONATHAN E FIELDING, MD			
15A DATE OF DEATH - MM/DD/CCYY 01/10/2012		15B STATE FILE NO. STATE USE ONLY 2	
16 LOCAL REGISTRAR - SIGNATURE <i>Jonathan E Fielding</i>		17 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY 01/10/2012	

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
Registrar-Recorder/County Clerk



FEB 22 2012

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

