

**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**

1201419101729

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION	
	9C. CITY	5D. COUNTY	
FATHER PARENT	6A. NAME OF FATHER/PARENT - FIRST	6B. MIDDLE	6C. LAST
	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH - MM/DD/CCYY	
MOTHER PARENT	9A. NAME OF MOTHER/PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME
	10. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH - MM/DD/CCYY	
INFORMANT AND BIRTH CERTIFICATION	12A. PARENT OR OTHER INFORMANT - SIGNATURE		12B. RELATIONSHIP TO CHILD
	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		13B. LICENSE NUMBER
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY
	16. LOCAL REGISTRAR - SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY

1A. NAME OF CHILD - FIRST: **DAICHI**      1B. MIDDLE: **KATO**      1C. LAST: **BRYAN**

2. SEX: **MALE**      3A. THIS BIRTH, SINGLE, TWIN, ETC.: **TWIN**      3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: **2ND**

4A. DATE OF BIRTH - MM/DD/CCYY: **10/23/2014**      4B. HOUR - 24 HOUR CLOCK TIME: **2045**

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY: **CEDARS SINAI MEDICAL CENTER**      5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION: **8700 BEVERLY BLVD.**

9C. CITY: **LOS ANGELES**      5D. COUNTY: **LOS ANGELES**

6A. NAME OF FATHER/PARENT - FIRST: **MICHAEL**      6B. MIDDLE: **SEAN**      6C. LAST: **BRYAN**      7. BIRTHPLACE - STATE/COUNTRY: **CA**      8. DATE OF BIRTH - MM/DD/CCYY: **02/23/1969**

9A. NAME OF MOTHER/PARENT - FIRST: **MIWA**      9B. MIDDLE: **-**      9C. LAST - BIRTH NAME: **KATO**      10. BIRTHPLACE - STATE/COUNTRY: **JAPAN**      11. DATE OF BIRTH - MM/DD/CCYY: **08/15/1968**

12A. PARENT OR OTHER INFORMANT - SIGNATURE: *[Signature]*      12B. RELATIONSHIP TO CHILD: **Father**      12C. DATE SIGNED - MM/DD/CCYY: **10/28/2014**

13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE: *[Signature]*      13B. LICENSE NUMBER: **A062028**      13C. DATE SIGNED - MM/DD/CCYY: **10/30/2014**

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: **SUSAN MORRISON, MD, 6330 SAN VICENTE BL. #300, LOS ANGELES**

14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT: **LORENA BEJAR, SUPVR.**

16. LOCAL REGISTRAR - SIGNATURE: **JEFFREY D GUNZENHAUSER, MD** *[Signature]*      17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY: **11/07/2014**

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 16 2016**



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This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANGOR

