

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

1052012389723

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201230032494

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| THIS CHILD | 1A NAME OF CHILD - FIRST SKYLEN | | 1B MIDDLE SORA TAKASAWA | 1C LAST CLARK | |
| | 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 10/15/2012 | 4B HOUR - 24 HOUR CLOCK TIME 0308 |
| 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 | | |
| FATHER/PARENT | 6A NAME OF FATHER/PARENT - FIRST SHANE | | 6B MIDDLE TAYLOR | 6C LAST CLARK | 7 BIRTHPLACE - STATE/COUNTRY CA |
| | 8 DATE OF BIRTH - MM/DD/CCYY 07/24/1973 | | | | |
| MOTHER/PARENT | 9A NAME OF MOTHER/PARENT - FIRST MAIKO | | 9B MIDDLE - | 9C LAST BIRTH NAME TAKASAWA | 10 BIRTHPLACE - STATE/COUNTRY JAPAN |
| | 11 DATE OF BIRTH - MM/DD/CCYY 06/10/1978 | | | | |
| INFORMANT AND BIRTH CERTIFICATION | 12A 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>[Signature]</i> | | 12B RELATIONSHIP TO CHILD PARENT |
| | 12C DATE SIGNED - MM/DD/CCYY 10/15/2012 | | | | |
| | 13A CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED | | 13A ATTENDANT/CERTIFIER SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i> | | 13B LICENSE NUMBER A86183 |
| | 13C DATE SIGNED - MM/DD/CCYY 10/15/2012 | | | | |
| 13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT CHRISTINE MAY KIM, MD, 6640 ALTON PARKWAY, IRVINE | | | | 14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT FATTANEH ALAEIFAR, MRC | |
| LOCAL REGISTRAR | 15A DATE OF DEATH - MM/DD/CCYY | 15B STATE FILE NO. - STATE USE ONLY | 16 LOCAL REGISTRAR SIGNATURE ERIC G. HANDLER, MD | | 17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 10/22/2012 |

This is to certify that this document is a true copy of the official record filed with Vital Records.

Effective 06/11/12: *Sony Agurto* DATE ISSUED
TONY AGURTO, MPA, State Registrar

Linette T Scott
LINETTE T SCOTT, MD, MPH
STATE REGISTRAR OF VITAL RECORDS

JAN 23 2013



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This copy not valid unless prepared on engraved border displaying seal and signature of the State Registrar.
(Rev. 06/11)

