

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

1201519021620

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

| | | | | | | |
|--|---|---|---|--|---|--|
| THIS CHILD | 1A. NAME OF CHILD - FIRST HANA | | 1B. MIDDLE ELAINE | | 1C. LAST GOULET | |
| | 2. SEX FEMALE | 3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE | 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. - | 4A. DATE OF BIRTH - MM/DD/CCYY 02/21/2015 | | 4B. HOUR - 24 HOUR CLOCK TIME 0101 |
| 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 DAVID | | 6B. MIDDLE ROLAND | | 6C. LAST GOULET | |
| | 7. BIRTHPLACE - STATE/COUNTRY MA | | 8. DATE OF BIRTH - MM/DD/CCYY 05/06/1972 | | | |
| MOTHER/PARENT | 9A. NAME OF MOTHER/PARENT - FIRST MEGUMI | | 9B. MIDDLE - | | 9C. LAST - BIRTH NAME TAKEMOTO | |
| | 10. BIRTHPLACE - STATE/COUNTRY JAPAN | | 11. DATE OF BIRTH - MM/DD/CCYY 08/24/1976 | | | |
| 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>David Goulet</i> | | | 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 <i>Teri Roque, B.C.</i> | | | 13B. LICENSE NUMBER CO39719 |
| | 13C. DATE SIGNED - MM/DD/CCYY 03/02/2015 | | 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT TERI ROQUE, BIRTH CLERK | | | |
| | 13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT KENNETH HOLLIMAN, MD, 20911 EARL STREET, 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 JEFFREY D GUNZENHAUSER, MD <i>JG</i> | |
| | | | | | | 17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 03/17/2015 |

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

APR 29 2015



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This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



