

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201119045704

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

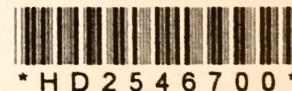
THIS CHILD	1A NAME OF CHILD - FIRST RILLEY		1B MIDDLE RY	1C LAST LO	
	2 SEX FEMALE	3A THIS BIRTH, SINGLE, TWIN, ETC SINGLE	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC -	4A DATE OF BIRTH - MM/DD/CCYY 05/26/2011	4B HOUR - 24 HOUR CLOCK TIME 2155
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY GOOD SAMARITAN HOSPITAL		5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION 1225 WILSHIRE BLVD		
	5C CITY LOS ANGELES		5D COUNTY LOS ANGELES		
FATHER PARENT	6A NAME OF FATHER/PARENT - FIRST ROLAND	6B MIDDLE AI	6C LAST LO	7 BIRTHPLACE - STATE/COUNTRY VIETNAM	8 DATE OF BIRTH - MM/DD/CCYY 01/12/1971
MOTHER PARENT	9A NAME OF MOTHER/PARENT - FIRST YUKIE	9B MIDDLE -	9C LAST - BIRTH NAME TANUMA	10 BIRTHPLACE - STATE/COUNTRY JAPAN	11 DATE OF BIRTH - MM/DD/CCYY 12/23/1970
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>[Signature]</i>		12B RELATIONSHIP TO CHILD MOTHER
	I 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> OB Specialist		12C DATE SIGNED - MM/DD/CCYY 05/28/2011
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT ROBERT OZAKI, MD, 420 E. 3RD STREET, LOS ANGELES			13B LICENSE NUMBER G47909	
			13C DATE SIGNED - MM/DD/CCYY 05/28/2011		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT MAVIS SWANN, OB SPECIALIST
LOCAL REGISTRATION	15A DATE OF DEATH - MM/DD/CCYY	15B STATE FILE NO. STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i> JONATHAN E FIELDING, MD		17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 06/07/2011

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E Fielding MD
Director of Public Health and Registrar

DATE ISSUED

SEP 22 2011



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

