

# 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

1201619039935

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>THIS CHILD</b>	1A NAME OF CHILD - FIRST <b>KYRIE</b>	1B MIDDLE -	1C LAST <b>ARAKAWA</b>			
	2 SEX <b>MALE</b>	3A THIS BIRTH, SINGLE, TWIN, ETC <b>SINGLE</b>	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC -	4A DATE OF BIRTH - MM/DD/CCYY <b>05/06/2016</b>	4B HOUR - 24 HOUR CLOCK TIME <b>1817</b>	
<b>PLACE OF BIRTH</b>	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>PROVIDENCE LCM-TORRANCE</b>		5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>4101 TORRANCE BLVD</b>			
	5C CITY <b>TORRANCE</b>		5D COUNTY <b>LOS ANGELES</b>			
<b>NAME OF PARENT</b>	6A NAME OF PARENT - FIRST <b>TATSUYA</b>	6B MIDDLE -	6C LAST - BIRTH NAME <b>ARAKAWA</b>	6D <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7 BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>	
	8 DATE OF BIRTH <b>05/18/1982</b>					
<b>NAME OF PARENT</b>	9A NAME OF PARENT - FIRST <b>YURI</b>	9B MIDDLE -	9C LAST - BIRTH NAME <b>MIUCHI</b>	9D <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10 BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>	
	11 DATE OF BIRTH <b>08/31/1988</b>					
<b>INFORMANT AND BIRTH CERTIFICATION</b>	12A PARENT OR OTHER INFORMANT - SIGNATURE <i>Yuri Arakawa</i>		12B RELATIONSHIP TO CHILD <b>Mother</b>	12C DATE SIGNED <b>05/09/2016</b>		
	13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Teri Roque, B.C.</i>		13B LICENSE NUMBER <b>G54975</b>	13C DATE SIGNED <b>05/09/2016</b>		
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>HENRY WU, MD, 520 N. PROSPECT AVE., REDONDO BEACH</b>			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>TERI ROQUE, BIRTH CLERK</b>		
<b>LOCAL REGISTRAR</b>	15A DATE OF DEATH - MM/DD/CCYY	15B STATE FILE NO - STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE <b>JEFFREY D GUNZENHAUSER, MD SS</b>		17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>05/17/2016</b>	

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

JUL 07 2016



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