

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1201219090124

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A NAME OF CHILD - FIRST LUKA		1B MIDDLE JONATHAN		1C LAST NAKAMURA	
	2 SEX MALE	3A THIS BIRTH, SINGLE, TWIN, ETC SINGLE	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC -		4A DATE OF BIRTH - MM/DD/YYYY 09/25/2012	4B HOUR - 24 HOUR CLOCK TIME 0925
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 DAISUKE	6B MIDDLE -	6C LAST NAKAMURA		7 BIRTHPLACE - STATE/COUNTRY JAPAN	8 DATE OF BIRTH - MM/DD/YYYY 01/06/1969
MOTHER/PARENT	9A NAME OF MOTHER/PARENT - FIRST MAKI	9B MIDDLE -	9C LAST - BIRTH NAME KITAMURA		10 BIRTHPLACE - STATE/COUNTRY JAPAN	11 DATE OF BIRTH - MM/DD/YYYY 10/30/1969
INFORMANT AND BIRTH CERTIFICATION	1 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>Maki Nakamura</i>		12B RELATIONSHIP TO CHILD <i>Mother</i>	12C DATE SIGNED - MM/DD/YYYY 09/27/2012
	1 I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Yvonne Anderson R.N.</i>		13B LICENSE NUMBER G066695	13C DATE SIGNED - MM/DD/YYYY 09/27/2012
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT DAVID S LU, MD, 20911 EARL STREET, TORRANCE				14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT Yvonne Anderson R.N.	
LOCAL REGISTRAR	15A DATE OF DEATH - MM/DD/YYYY	15B STATE FILE NO. STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE JONATHAN E FIELDING, MD <i>JEF</i>		17 DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 10/10/2012	

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

MAR 01 2013



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