

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CALIFORNIA 92701

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201230022020

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST NOKAZE	1B. MIDDLE CLARICE	1C. LAST KANEKO
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -
4A. DATE OF BIRTH - MM/DD/YYYY 07/11/2012		4B. HOUR - 24 HOUR CLOCK TIME 1211	
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY ANAHEIM REGIONAL MEDICAL CENTER		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 1111 W. LA PALMA AVE.
	5C. CITY ANAHEIM		5D. COUNTY ORANGE
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST IKUO	6B. MIDDLE -	6C. LAST KANEKO
	7. BIRTHPLACE - STATE/COUNTRY JAPAN		8. DATE OF BIRTH - MM/DD/YYYY 11/29/1976
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST MUTSURO	9B. MIDDLE -	9C. LAST - BIRTH NAME FUJII
	10. BIRTHPLACE - STATE/COUNTRY JAPAN		11. DATE OF BIRTH - MM/DD/YYYY 01/06/1978
INFORMANT AND BIRTH CERTIFICATION	12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>[Signature]</i>		12B. RELATIONSHIP TO CHILD PARENTS
	12C. DATE SIGNED - MM/DD/YYYY 07/11/2012		13B. LICENSE NUMBER A89650
	13C. DATE SIGNED - MM/DD/YYYY 07/11/2012		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT JANET ANDRADE, B.C.
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT N SHARKEY, MD, 8261 E. ALPINE CT., ANAHEIM		16. LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD <i>es</i>	
15A. DATE OF DEATH - MM/DD/YYYY	15B. STATE FILE NO. - STATE USE ONLY	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY 07/23/2012	

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED June 14, 2017

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.



003972273

Eric G. Handler H.O.

ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE