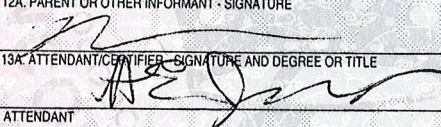
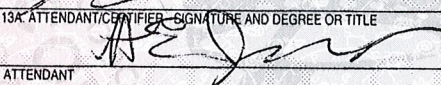


CITY OF PASADENA

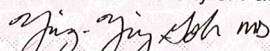
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201563000987

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
THIS CHILD	1A. NAME OF CHILD - FIRST EVAN		1B. MIDDLE KAI		1C. LAST LEE
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	4A. DATE OF BIRTH - MM/DD/CCYY 04/27/2015	4B. HOUR - 24 HOUR CLOCK TIME 1849
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY HUNTINGTON MEMORIAL HOSPITAL		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 100 W CALIFORNIA BLVD		
	5C. CITY PASADENA		5D. COUNTY LOS ANGELES		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST BILLY		6B. MIDDLE SAY	6C. LAST LY	7. BIRTHPLACE - STATE/COUNTRY CA
	8. DATE OF BIRTH - MM/DD/CCYY 05/01/1980				
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST REINA		9B. MIDDLE -	9C. LAST - BIRTH NAME MISAKI	10. BIRTHPLACE - STATE/COUNTRY JAPAN
	11. DATE OF BIRTH - MM/DD/CCYY 07/02/1980				
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 		12B. RELATIONSHIP TO CHILD FATHER
	2. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE 		12C. DATE SIGNED - MM/DD/CCYY 04/27/15
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT BETH JULIAN-WANG, MD, 625 S. FAIR OAKS AVE. #260, PASADENA		13B. LICENSE NUMBER A62155		11. DATE OF BIRTH - MM/DD/CCYY 07/02/1980
			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT YING YING GOH, MD		13C. DATE SIGNED - MM/DD/CCYY 4-30-15
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE YING YING GOH, MD		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 05/06/2015

This is to certify that this document is a true copy of the official record filed with the City of Pasadena.


YING YING GOH, M.D.
HEALTH OFFICER

DATE ISSUED

05/19/2015

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



* 000381748 *

