

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

1201219012079

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A NAME OF CHILD - FIRST <b>AZUMI</b>		1B MIDDLE <b>JUNE MIYANO</b>	1C LAST <b>MCWILLIAMS</b>	
	2 SEX <b>FEMALE</b>	3A THIS BIRTH, SINGLE, TWIN, ETC <b>SINGLE</b>	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC <b>-</b>	4A DATE OF BIRTH - MM/DD/CCYY <b>02/13/2012</b>	4B HOUR - 24 HOUR CLOCK TIME <b>1731</b>
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>CEDARS SINAI MEDICAL CENTER</b>			5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>8700 BEVERLY BLVD.</b>	
	5C CITY <b>LOS ANGELES</b>			5D COUNTY <b>LOS ANGELES</b>	
FATHER/PARENT	6A NAME OF FATHER/PARENT - FIRST <b>CHANDLER</b>		6B MIDDLE <b>BRYSON</b>	6C LAST <b>MCWILLIAMS</b>	7 BIRTHPLACE STATE/COUNTRY <b>MO</b>
	8 DATE OF BIRTH - MM/DD/CCYY <b>04/01/1976</b>				
MOTHER/PARENT	9A NAME OF MOTHER/PARENT - FIRST <b>NAOKO</b>		9B MIDDLE <b>-</b>	9C LAST - BIRTH NAME <b>MIYANO</b>	10 BIRTHPLACE STATE/COUNTRY <b>JAPAN</b>
	11 DATE OF BIRTH - MM/DD/CCYY <b>06/18/1975</b>				
INFORMANT AND BIRTH CERTIFICATION	12A CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12B PARENT OR OTHER INFORMANT - SIGNATURE <i>[Signature]</i>		12B RELATIONSHIP TO CHILD <b>MOTHER</b>
	12C DATE SIGNED - MM/DD/CCYY <b>02/14/2012</b>				
	13A 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>		13B LICENSE NUMBER <b>A067526</b>
	13C DATE SIGNED - MM/DD/CCYY <b>02/20/2012</b>		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>DEBRA D VALDES, MGR</b>		
13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>J SCHNEIDER, MD, 8631 W 3RD ST. STE 510E, LOS ANGELES</b>					
LOCAL REGISTRAR	15A DATE OF DEATH - MM/DD/CCYY	15B STATE FILE NO. - STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>		17 DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>02/24/2012</b>
				16 LOCAL REGISTRAR - SIGNATURE <b>JONATHAN E FIELDING, MD</b>	

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



\* HD 3007300 \*

*Jonathan E Fielding MD*  
VA  
Director of Public Health and Registrar

DATE ISSUED

NOV 14 2012

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

PBNCO (REV) 08/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

