

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF ORANGE

## HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701

### CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

1201330009123

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST <b>RYAN</b>	1B. MIDDLE <b>YUTO</b>	1C. LAST <b>NODA</b>
	2. SEX <b>MALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. <b>-</b>
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>ANAHEIM REGIONAL MEDICAL CENTER</b>		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>1111 W. LA PALMA AVE.</b>
	5C. CITY <b>ANAHEIM</b>		5D. COUNTY <b>ORANGE</b>
	6A. NAME OF FATHER/PARENT - FIRST <b>MASAIRO</b>		6B. MIDDLE <b>-</b>
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT - FIRST <b>YURI</b>		9B. MIDDLE <b>-</b>
	9C. LAST - BIRTH NAME <b>SHIBATA</b>		7. BIRTHPLACE - STATE/COUNTRY <b>OH</b>
INFORMANT AND BIRTH CERTIFICATION	1. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		8. DATE OF BIRTH - MM/DD/CCYY <b>10/01/1985</b>
	12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>[Signature]</i>		10. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>
	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i>		11. DATE OF BIRTH - MM/DD/CCYY <b>09/25/1984</b>
	13B. LICENSE NUMBER <b>A314460</b>		12B. RELATIONSHIP TO CHILD <b>PARENTS</b>
13C. DATE SIGNED - MM/DD/CCYY <b>04/01/2013</b>		12C. DATE SIGNED - MM/DD/CCYY <b>04/01/2013</b>	
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>J CHUANG, MD, 1661 W BROADWAY #11, ANAHEIM</b>		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
LOCAL REGISTRATION	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE <b>ERIC G. HANDLER, MD</b> <i>[Signature]</i>
		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>04/05/2013</b>	

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }  
COUNTY OF ORANGE } SS

DATE ISSUED **MAY 31 2013**

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.

*[Signature]*  
ERIC G. HANDLER, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

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

