

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

1200619135741

•	STATE FILE NUMBER		USE BLACK INK ONLY		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A NAME OF CHILD — FIRST (GIVEN) SHAUN JACOB	18 MIDDLE SHING		OKUDA		
	2 SEX 3A THIS BIRTH, SINGLE, TWIN, ETC 38 IF MULTIPLE, THIS CONTROL SINGLE 38 IF MULTIPLE, THIS CONTROL 1ST, 2ND, ETC		11/28/2006		48 HOUR — (24 HOUR CLOCK TIME) 1720	
PLACE OF BIRTH	5A PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY GLENDALE MEMORIAL HOSPITAL		5B STREET ADDRESS - STREET, NUMBER, OR LOCATION 1420 S. CENTRAL AVENUE			
	SC CITY GLENDALE		LOS ANGELES		5E PLANNED PLACE OF BIRTH HOSPITAL	
FATHER OF CHILD	6A NAME OF FATHER — FIRST (GIVEN) MARK	6B MIDDLE YOETSU	6C LAST (FAMILY) OKUDA		7 STATE OF BIRTH	8 DATE OF BIRTH 03/19/1982
MOTHER OF CHILD	9A NAME OF MOTHER — FIRST (GIVEN) MARIA LOREVELL	9B MIDDLE TORREMONIA	9C LAST (MAIDEN) CURIOSO		10 STATE OF BIRTH	11 DATE OF BIRTH 08/31/1979
INFORMANT CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STAT INFORMATION AND THAT IT IS TRUE AT CORRECT TO THE BEST OF MY KNOWLEDGE	n 10 1 - 221	IT — SIGNATURE	FATHER 11/30/2		12C DATE SIGNED 11/30/2006
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT 13A ATTENDANY OR CERTIFIER - STATED THE DATE, HOUR AND PLACE STATED		SIGNATURE — DEGREE OR TITLE 138 LICENSE A0674			13C DATE SIGNED 11/30/2006
	13D TYPED NAME. TITLE AND MAILING ADDRESS OF ATTENDANT LORAINE DIEGO, MD, 2405 WEST 8TH STREET # 105, LOS ANGELES					
LOCAL REGISTRAR	15A DATE OF DEATH 15B STATE FILE NO STATE FILE NO STATE USE ONLY) 16 LOCAL REGISTRAT — SIGNATURE JONATHAN E FIELDING, MD 17 DATE ACCEPTED FOR REGISTRATION 01/03/2007					

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County ClerkFEB 1 1 2008





