

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

1201630015251
 LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST NAOKI		1B. MIDDLE TONY	1C. LAST CLAUS	
	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 05/19/2016	4B. HOUR - 24 HOUR CLOCK TIME 0909
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY ST. JUDE MEDICAL CENTER			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 101 E. VALENCIA MESA DR.	
	5C. CITY FULLERTON			5D. COUNTY ORANGE	
NAME OF PARENT	6A. NAME OF PARENT - FIRST JONATHAN	6B. MIDDLE DANIEL	6C. LAST - BIRTH NAME CLAUS	<input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTHPLACE - STATE/COUNTRY OR
	8. DATE OF BIRTH 10/02/1974				
NAME OF PARENT	9A. NAME OF PARENT - FIRST TOMOKO	9B. MIDDLE -	9C. LAST - BIRTH NAME SAWAKI	<input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTHPLACE - STATE/COUNTRY JAPAN
	11. DATE OF BIRTH 04/19/1975				
INFORMANT AND BIRTH CERTIFICATION	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 <i>Tomoko Sawaki</i>		12B. RELATIONSHIP TO CHILD PARENTS
	I 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>		12C. DATE SIGNED 05/20/2016
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT JACQUELYN CORTEZ, DO, 1950 SUNNYCREST DR., FULLERTON			13B. LICENSE NUMBER 20A9246	13C. DATE SIGNED 05/20/2016
				14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE ERIC G. HANDLER, MD <i>[Signature]</i>		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 05/27/2016

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 JUN 09 2016

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



Eric G. Handler H.O.
 ERIC G. HANDLER, MD
 COUNTY HEALTH OFFICER



CA0RANGE01