## **COUNTY OF ORANGE**

**HEALTH CARE AGENCY** 

1200 N. MAIN STREET, SUITE 100-A SANTA ANA, CALIFORNIA 92701

## CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA

1201630015251

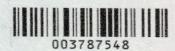
STATE FILE NUMBER LOCAL REGISTRATION NUMBER USE BLACK INK ONLY 1A. NAME OF CHILD - FIRST 1B. MIDDLE 1C, LAST NAOKI TONY CLAUS 2. SEX 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. 4A. DATE OF BIRTH - MM/DD/CCYY 3A THIS BIRTH SINGLE TWIN ETC. 4B. HOUR - 24 HOUR CLOCK TIME MALE 05/19/2016 0909 SINGLE 5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY 5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION ST. JUDE MEDICAL CENTER 101 E. VALENCIA MESA DR. 5D. COUNTY 5C. CITY FULLERTON ORANGE 6A. NAME OF PARENT - FIRST 6B. MIDDLE 6C. LAST - BIRTH NAME 6D. MOTHER 7. BIRTHPLACE - STATE/ COUNTRY 8. DATE OF BIRTH FATHER
PARENT JONATHAN 10/02/1974 DANIEL CLAUS OR 11. DATE OF BIRTH 9A, NAME OF PARENT - FIRST 98. MIDDLE 9C. LAST - BIRTH NAME 10. BIRTHPLACE - STATE/ COUNTR 9D. MOTHER FATHER PARENT TOMOKO SAWAKI JAPAN 04/19/1975 12C. DATE SIGNED 12B RELATIONSHIP TO CHILD 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 PARENTS 05/20/2016 3C DATE SIGNED 13B. LICENSE NUMBER I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED. 20A9246 05/20/2016 13D. TYPED NAME, TITLE AND MAILING ADDRESS OF A 14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT JACQUELYN CORTEZ, DO, 1950 SUNNYCREST DR., FULLERTON 15A. DATE OF DEATH - MM/DD/CCYY | 15B. STATE FILE NO. - STATE USE ONLY | 16, LOCAL REGISTRAR - SIGNATURE 17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY ERIC G. HANDLER, MD 05/27/2016

> CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF ORANGE

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