

CERTIFICATE OF LIVE BIRTH

CERTIFICATE NUMBER: 146-2015-019782

DATE ISSUED: 05/05/2015

GIVEN NAMES: SIMON KAI*****

LAST NAME: MILLER*****

DATE OF BIRTH: APRIL 02, 2015*****

FACILITY: EVERGREENHEALTH MEDICAL CENTER

PLACE OF BIRTH: KIRKLAND, KING COUNTY, WASHINGTON

TIME OF BIRTH: 05:49 P.M.

SEX: MALE

MOTHER'S MAIDEN NAME: YOKO FUJIMOTO

PLACE OF BIRTH: JAPAN

DATE OF BIRTH: 01/14/1982

FATHER'S NAME: ELLIOTT WILLIAM THOMAS SCOTT MILLER

PLACE OF BIRTH: TEXAS

DATE OF BIRTH: 05/20/1986

FILING DATE: 04/05/2015

FEE NUMBER: 17078515

