

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD



COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

1201419107224

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>THIS CHILD</b>	1A. NAME OF CHILD - FIRST <b>SARAH</b>		1B. MIDDLE <b>LUCY</b>		1C. LAST <b>PARK</b>	
	2. SEX <b>FEMALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. <b>-</b>		4A. DATE OF BIRTH - MM/DD/CCYY <b>11/13/2014</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>1401</b>
<b>PLACE OF BIRTH</b>	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>PROVIDENCE LCM-TORRANCE</b>			5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>4101 TORRANCE BLVD</b>		
	5C. CITY <b>TORRANCE</b>			5D. COUNTY <b>LOS ANGELES</b>		
<b>FATHER/PARENT</b>	6A. NAME OF FATHER/PARENT - FIRST <b>KYUNG TAE</b>		6B. MIDDLE <b>-</b>		6C. LAST <b>PARK</b>	
	7. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>		8. DATE OF BIRTH - MM/DD/CCYY <b>12/11/1981</b>			
<b>MOTHER/PARENT</b>	9A. NAME OF MOTHER/PARENT - FIRST <b>SANAE</b>		9B. MIDDLE <b>-</b>		9C. LAST - BIRTH NAME <b>YAMAMOTO</b>	
	10. BIRTHPLACE - STATE/COUNTRY <b>JAPAN</b>		11. DATE OF BIRTH - MM/DD/CCYY <b>03/17/1979</b>			
<b>INFORMANT AND BIRTH CERTIFICATION</b>	1. 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 		12B. RELATIONSHIP TO CHILD <b>Father</b>	
	1. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <b>Teri Roque, B.C.</b>		13B. LICENSE NUMBER <b>G86204</b>	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>CARLINE LOUIS-JACQUES, MD, 3400 LOMITA BLVD., TORRANCE</b>		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>TERI ROQUE, BIRTH CLERK</b>		13C. DATE SIGNED - MM/DD/CCYY <b>11/14/2014</b>	
	15A. DATE OF DEATH - MM/DD/CCYY		15B. STATE FILE NO. - STATE USE ONLY		16. LOCAL REGISTRAR - SIGNATURE <b>JEFFREY D GUNZENHAUSER, MD</b> 	
				17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY <b>12/01/2014</b>		

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

*Dean C Logan*  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

DEC 29 2014

  
\*1000000193364\*

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk. FBNCO (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

