

# 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

1201730001888

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

<b>THIS CHILD</b>	1A. NAME OF CHILD - FIRST <b>SUZUKA</b>		1B. MIDDLE -	1C. LAST <b>LEE</b>	
	2. SEX <b>FEMALE</b>	3A. THIS BIRTH, SINGLE, TWIN, ETC. <b>SINGLE</b>	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	4A. DATE OF BIRTH - MM/DD/CCYY <b>01/17/2017</b>	4B. HOUR - 24 HOUR CLOCK TIME <b>1821</b>
<b>PLACE OF BIRTH</b>	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>HOAG MEMORIAL HOSPITAL</b>		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION <b>ONE HOAG DRIVE</b>		
	5C. CITY <b>NEWPORT BEACH</b>		5D. COUNTY <b>ORANGE</b>		
<b>NAME OF FATHER</b>	6A. NAME OF PARENT - FIRST <b>JAMES</b>	6B. MIDDLE -	6C. LAST - BIRTH NAME <b>LEE</b>	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTHPLACE - STATE/ COUNTRY <b>S KOREA</b>
	8. DATE OF BIRTH <b>08/28/1981</b>				
<b>NAME OF MOTHER</b>	9A. NAME OF PARENT - FIRST <b>KANA</b>	9B. MIDDLE -	9C. LAST - BIRTH NAME <b>SHIMIZU</b>	9D. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTHPLACE - STATE/ COUNTRY <b>JAPAN</b>
	11. DATE OF BIRTH <b>10/25/1990</b>				
<b>INFORMANT AND BIRTH CERTIFICATION</b>	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>
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <b>Donna Vig, HIM</b>		12C. DATE SIGNED <b>01/18/2017</b>
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT <b>C WELLS, MD, 62 CORPORATE PARK #100, IRVINE</b>		13B. LICENSE NUMBER <b>G80278</b>		13C. DATE SIGNED <b>01/18/2017</b>
<b>LOCAL REGISTRAR</b>	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT <b>DONNA VIG, HIM</b>		16. LOCAL REGISTRAR - SIGNATURE <b>ERIC G. HANDLER, MD</b> 		17. DATE ACCEPTED FOR REGISTRATION - MMDD/CCYY <b>01/25/2017</b>
	15A. DATE OF DEATH - MMDD/CCYY	15B. STATE FILE NO. - STATE USE ONLY			

**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 January 31, 2017

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



003901915

*Eric G. Handler M.D.*  
ERIC G. HANDLER, MD  
COUNTY HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAORANGE01

