SAMPLE BC

104 - 4300- 21813

STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST [redacted]	1B. MIDDLE [redacted]	1C. LAST [redacted]		
	2. SEX: Male	3A. THIS BIRTH, SINGLE, TWIN, ETC.: Single	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: -	4A. DATE OF BIRTH—MONTH, DAY, YEAR: November 16, 1982	4B. HOUR—(24 HOUR CLOCK TIME): 0846
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY: Kaiser Permanente Medical Center		5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION): 900 Kiely Blvd.		
07	5C. CITY OR TOWN: Santa Clara		5D. COUNTY: Santa Clara		
FATHER OF CHILD	6A. NAME OF FATHER—FIRST [redacted]	6B. MIDDLE -	6C. LAST [redacted]	7. STATE OF BIRTH [redacted]	8. AGE OF FATHER [redacted]
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST [redacted]	9B. MIDDLE [redacted]	9C. LAST (BIRTH NAME) [redacted]	10. STATE OF BIRTH [redacted]	11. AGE OF MOTHER [redacted]
PARENT'S 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 [redacted]		12B. RELATIONSHIP TO CHILD: Mother	12C. DATE SIGNED: 11-17-82
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE: Yung Tai Kim		13B. LICENSE NUMBER: A34417	13C. DATE SIGNED: 11-16-82
	REQUEST EXCLUSION FROM SOLICITATION LISTS	13D. TYPED NAME AND ADDRESS: Yung Tai Kim, M.D., 900 Kiely Blvd., Santa Clara			
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE: B. Giansiracusa M.D. L		17. DATE ACCEPTED FOR REGISTRATION: DEC 3 1982	

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE

B. Giansiracusa M.D.

BERNICE GIANSIRACUSA, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS

December 10, 1982

CERTIFICATION FEE: $3.00

BY: Esther Vara
DEPUTY REGISTRAR OF VITAL STATISTICS
SANTA CLARA COUNTY HEALTH DEPARTMENT
SAN JOSE, CALIFORNIA