

CERTIFICATION OF VITAL RECORD

CITY OF AUSTIN

0797A199003

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER

NEWBORN	1. Name First Middle Last SUNGHO DYLAN KIM			2. Date of Birth 07/15/2001		3. Sex Male	
	4a. Place of Birth - County Travis		4b. City or Town (If outside city limits, give precinct no.) Austin		5. Time of Birth 07:32 p.m.		6a. Plurality - Single, Twin, Triplet, etc Single
ATTENDANT/ CERTIFIER	7a. Place of Birth ☐ Clinic / Doctor's Office ☐ Licensed Birthing Center ☒ Hospital ☐ Residence ☐ Other (Specify):			7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address) North Austin Medical Center			
	8a. Attendant's Name and Mailing Address MARGARET M. THOMPSON M.D. 3003 BEE CAVES RD.#200 AUSTIN, TX 78746			9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. Andrea Sheffield BCM Signature and Title Date Signed 7/17/01			
	8b. ☒ MD ☐ DO ☐ CNM ☐ Midwife ☐ Other (Specify):			9b. ☐ Attendant ☒ Facility Administrator / Designee ☐ Other (Specify):			
	10. Name First Middle Maiden Surname SEUNG-HEE LEE			11. Date of Birth 02/11/1972		12. Birthplace (State or Foreign Country) South Korea	
MOTHER	13a. Residence - State Texas		13b. County Travis		13c. City or Town Austin		13d. Street Address or Rural Location 3577 LAKE AUSTIN BLVD. #C
	13e. Inside City Limits ☒ Yes ☐ No		14. Mother's Mailing Address (If Same As Residence, Enter Zip Code Only) 78703				
FATHER	15. Name First Middle Last EUI KYOON KIM			16. Date of Birth 12/17/1971		17. Birthplace (State or Foreign Country) South Korea	
REGISTRAR	18a. Registrar's File Number 02 09449		18b. Date Received by Local Registrar JUL 24 2001		18c. Signature of Local Registrar Raguel Moreno		

THIS INFORMATION WILL NOT BE SHOWN ON CERTIFIED COPIES

S136350

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

JAN 14 2002

ISSUED

Raguel Moreno
Local Registrar

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