

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

63655

003951

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER

STATE FILE NUMBER

1. CHILD'S NAME FIRST MIDDLE LAST Paul Jong Yoo KIM			2. DATE OF BIRTH (Month, Day, Year) May 10, 1989	3. TIME OF BIRTH 9:52 P M
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CHILD

4. SEX Male	5. CITY, TOWN OR LOCATION OF BIRTH Las Vegas	6. COUNTY OF BIRTH Clark
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7. PLACE OF BIRTH: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	8. FACILITY NAME (If not institution, give street and number) Humana Hospital Sunrise
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CERTIFIER/
ATTENDANT

9. I certify that this child was born alive at the place and time and on the date stated.	10. DATE SIGNED (Month, Day, Year) 5-12-89	11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) NAME Avron Genser <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify)
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12. CERTIFIER'S NAME AND TITLE (Type/Print) NAME Virginia S. Wheeler <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Hospital Admin. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input checked="" type="checkbox"/> Other (Specify) Clerk	13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3006 Maryland Parkway Las Vegas, NV 89109
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DEATH UNDER
ONE YEAR OF
AGE
Enter State File
Number of death
certificate for
this child

14. REGISTRAR'S SIGNATURE Sonja H. C. Inness, Deputy	15. DATE FILED BY REGISTRAR (Month, Day, Year) MAY 18 1989
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MOTHER

16. MOTHER'S NAME FIRST MIDDLE LAST Keum Suk Kim	17. AGE 28
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18. BIRTHPLACE (State or Foreign Country) Korea	19a. RESIDENCE - STATE Nevada	19b. COUNTY Clark	19c. CITY, TOWN, OR LOCATION Las Vegas
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19d. STREET AND NUMBER 5400 S. Maryland Pky #62	19e. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) 89109
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FATHER

21. FATHER'S NAME FIRST MIDDLE LAST Suk Kim	22. AGE 28	23. BIRTHPLACE (State or Foreign Country) Korea
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INFORMANT

24. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of Parent or Other Informant Kim Keum Suk
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"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED:

JUL 28 2025

Registrar of Vital Statistics

By: Denise O Toole

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

