

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

SAN JOSE, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1200943025573

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST JOSHUA		1B. MIDDLE CHAO-SHENG	1C. LAST HUANG	
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	4A. DATE OF BIRTH - MM/DD/CCYY 11/21/2009	4B. HOUR - 24 HOUR CLOCK TIME 0240
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY EL CAMINO HOSPITAL		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 2500 GRANT RD.		
	5C. CITY MOUNTAIN VIEW		5D. COUNTY SANTA CLARA		
FATHER/PARENT	6A. NAME OF FATHER/PARENT - FIRST DEREK	6B. MIDDLE CHUN HSING	6C. LAST HUANG	7. BIRTHPLACE - STATE/COUNTRY TAIWAN	8. DATE OF BIRTH - MM/DD/CCYY 06/11/1971
	9A. NAME OF MOTHER/PARENT - FIRST KELLY	9B. MIDDLE MINH-TINH	9C. LAST - BIRTH NAME VUONG	10. BIRTHPLACE - STATE/COUNTRY VIETNAM	11. DATE OF BIRTH - MM/DD/CCYY 03/30/1973
INFORMANT AND BIRTH CERTIFICATION	12A. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12B. RELATIONSHIP TO CHILD <i>Father</i>		12C. DATE SIGNED - MM/DD/CCYY 11/23/2009
	12A. PARENT OR OTHER INFORMANT'S SIGNATURE <i>Derek Huang</i>		13B. LICENSE NUMBER A41447		13C. DATE SIGNED - MM/DD/CCYY 11/23/2009
	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE <i>Ken H Liu MD</i>		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT KEN H LIU, MD, 2485 HOSPITAL DR, MT VIEW				
LOCAL CLERK/REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE MARTIN D. FENSTERSHEIB, M.D.		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 11/24/2009



* R 001333241 *

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CLARA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Santa Clara County Clerk-Recorder.

Regina Alcomendras
 REGINA ALCOMENDRAS,
 COUNTY CLERK-RECORDER
DATE ISSUED 9/21/2010 BY [Signature], Deputy

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE