

COUNTY OF SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY
LOCAL REGISTRATION NUMBER
1201443025319

1A. NAME OF CHILD - FIRST ANDREW		1B. MIDDLE CUI		1C. LAST TSAY	
2. SEX MALE		3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. -	
5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY EL CAMINO HOSPITAL LOS GATOS		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 815 POLLARD ROAD			
5C. CITY LOS GATOS		5D. COUNTY SANTA CLARA			
6A. NAME OF FATHER/PARENT - FIRST JIANNLIANG		6B. MIDDLE BILL		6C. LAST TSAY	
9A. NAME OF MOTHER/PARENT - FIRST YING		9B. MIDDLE -		9C. LAST - BIRTH NAME CUI	
12A. PARENT OR OTHER INFORMANT - SIGNATURE <i>[Signature]</i>		12B. RELATIONSHIP TO CHILD CHINA			
12C. DATE SIGNED - MM/DD/CCYY 12/09/2014		13B. LICENSE NUMBER NMW 745			
13C. DATE SIGNED - MM/DD/CCYY 12/09/2014		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT L. ANAYA, BIRTH RECORDER			
15A. DATE OF DEATH - MM/DD/CCYY 12/15/2014		15B. STATE FILE NO. - STATE USE ONLY 12/15/2014			
15C. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT MARIA GREULICH, CNM, 777 KNOWLES DR, LOS GATOS		15D. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT L. ANAYA, BIRTH RECORDER			
17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 12/15/2014		18. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>			

CERTIFIED COPY OF VITAL RECORDS
By DATE ISSUED **DEC 30 2014**
COUNTY OF SANTA CLARA } SS

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Effective 10/12/2013

MARTIN D. FENSTERMAIER
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



CULTURAL OFFICE