

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY of SANTA CLARA

SAN JOSE, CALIFORNIA

1202343018906

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST AYAAN	1B. MIDDLE -	1C. LAST MALIK
	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 11/06/2023		4B. HOUR - 24 HOUR CLOCK TIME 1239
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
NAME OF PARENT	6A. NAME OF PARENT - FIRST HIMANSHU	6B. MIDDLE -	6C. LAST - BIRTH NAME MALIK
	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		7. BIRTHPLACE - STATE/ COUNTRY INDIA
NAME OF PARENT	8A. NAME OF PARENT - FIRST YINGYI	8B. MIDDLE -	8C. LAST - BIRTH NAME FU
	9D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT		9. BIRTHPLACE - STATE/ COUNTRY CHINA
INFORMANT AND BIRTH 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 HIMANSHU MALIK
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.		13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE FATIMA CALMET, BIRTH CLRK
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT CHRISTINA KATHERINE LAM, DO 2495 HOSPITAL DR STE 670, MOUNTAIN VIEW, CA 94040		12B. RELATIONSHIP TO CHILD FATHER
	13E. LICENSE NUMBER 20A18864		12C. DATE SIGNED 11/07/2023
LOCAL REGISTRATION	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE SARA H. CODY, MD
	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 11/14/2023		



\* R 2 6 6 2 8 6 3 \*

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  
COUNTY CLERK-RECORDER

DATE ISSUED DEC 01 2023

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