STATE OF CALDEORN

COUNTY of SANTA CLARA

SAN JOSE, CALIFORNIA

1202343018906

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER				USE BLACK INK ONLY			LOCAL REGISTRATION NUMBER		
SHIS CHILD	1A. NAME OF CHILD - FIRST AYAAN			1B. MIDDLE	18. MIDDLE 1C. LAST - MALIK		Section 1 Control of the Control of		
	2. SEX 3A. THIS BIRTH, SINGLE, TWIN, ETC. MALE SINGLE		38. IF MULT	38. F MULTIPLE, THIS CHILD 1ST, 2ND, ETC.		4A, DATE OF BIRTH - MM/DDICCYY 11/06/2023		HOUR-24 HOUR CLOCK TIME	
PLACE OF	SA PLACE OF BIRTH - NAME OF HOSPITAL OR FACULTY EL CAMINO HOSPITAL			59. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 2500 GRANT RD					
	SC. CITY MOUNTAIN VIEW			TOTAL STATE OF THE	SANTA CLARA				
NAME OF PARENT			6B. MIDDLE		6C. LAST - BIRTH NAME MALIK	The comment of the co	60. MOTHER 7 BIRTHPLACE - STATE/ COUNTRY STATE NDIA		8. DATE OF BIRTH 08/21/1992
NAME OF PARENT	98. MIDDLE YINGYI -		98. MIDDLE	9C. LAST - BIRTH NAME FU			90. MOTHER 10. BIRTHPLACE - STATE COUNTR		05/16/1990
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. HIMANSHU		HER INFORMANT - SIGNATURE MALIK (0	FATHER		12C. DATE SIGNED 11/07/2023	
	THE DATE WAS A LOS OF THE BOOK		A STATE OF THE PARTY OF THE PAR	TIFIER - SIGNATURE AND DEGREE OR TITLE MET, BIRTH CLRK		138. LICENSE NUMBER 20A18864		13C DATE SIGNED 11/08/2023	
	130. TYPED NAME, TITLE AND MALING ADDRESS OF ATTENDANT CHRISTINA KATHERINE LAM, DO 2495 HOSPITAL DR STE 670, MOUNTAIN VIEW, CA				94040	Annual State of the Control of the C	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT FATIMA CALMET, BIRTH CLRK		
LOCAL	15A. DATE OF DEATH - MM/DD/CCYY 15B. STATE FILE NO STATE USE ONLY 16. LOC				EGISTRAR - SIGNATURE H. CODY, MD			17. DATE ACCEPTED FOR REGISTRATION - MMDD/CCYY 11/14/2023	



DATE ISSUED

DEC 01 2023

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Heyer Alemanas
REGINA ALCOMENDRAS,
COUNTY CLERK-RECORDER

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