

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA

STATE BIRTH CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST Mohd Elfie Nieshaem			1B. MIDDLE Bin		1C. LAST Juferi				
	2. SEX Male		3A. THIS BIRTH, SINGLE, TWIN, ETC. Single		3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. --		4A. DATE OF BIRTH—MONTH, DAY, YEAR February 6, 1980		4B. HOUR (24 HOUR CLOCK TIME) 0301	
PLACE OF BIRTH 10	5A. PLACE OF BIRTH—NAME OF HOSPITAL San Jose Hospital					5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION) 675 East Santa Clara Street				
	5C. CITY OR TOWN San Jose					5D. COUNTY Santa Clara				
FATHER OF CHILD	6A. NAME OF FATHER—FIRST Juferi		6B. MIDDLE --		6C. LAST Kasman		7. STATE OF BIRTH Malaysia		8. AGE OF FATHER 32	
MOTHER OF CHILD	9A. BIRTH NAME OF MOTHER—FIRST Radziah		9B. MIDDLE --		9C. LAST Mohamed		10. STATE OF BIRTH Malaysia		11. AGE OF MOTHER 24	
PARENT'S 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 <i>[Signature]</i>				12B. RELATIONSHIP TO CHILD FATHER		12C. DATE SIGNED 2/7/80	
ATTENDANT'S CERTIFICATION	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED.		13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE <i>[Signature]</i> M.D.				13B. LICENSE NUMBER C-35039		13C. DATE SIGNED 2-6-80	
LOCAL REGISTRAR	14.		13D. TYPED NAME AND ADDRESS B. Brummer, M.D.; 45 So. 17th. Street, San Jose							
	15. DEATH—ENTER DATE OF DEATH		16. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>						17. DATE ACCEPTED FOR REGISTRATION FEB 11 1980	

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE

BERNICE GIAN SIRACUSA, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
April 21, 1980
CERTIFICATION FEE: \$3.00

BY: *Ester Vara*
DEPUTY REGISTRAR OF VITAL STATISTICS
SANTA CLARA COUNTY HEALTH DEPARTMENT
SAN JOSE, CALIFORNIA

