104- STATE BIRTH CERTIFICATE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

4300-01711 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

1A. NAME OF CHILD—FIRST	1B. MIDDLE	1C. LAST
Mohd Elfie Nieshaem	Bin	Juferi

2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR (24 HOUR CLOCK TIME)
Male	Single	--	February 6, 1980	0301

PLACE OF BIRTH 10

5A. PLACE OF BIRTH—NAME OF HOSPITAL	5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION)
San Jose Hospital	675 East Santa Clara Street
5C. CITY OR TOWN	**5D. COUNTY**
San Jose	Santa Clara

FATHER OF CHILD

6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH	8. AGE OF FATHER
Juferi	--	Kasman	Malaysia	32

MOTHER OF CHILD

9A. BIRTH NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST	10. STATE OF BIRTH	11. AGE OF MOTHER
Radziah	--	Mohamed	Malaysia	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	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
► Juferi Kasman	FATHER	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	13B. LICENSE NUMBER	13C. DATE SIGNED
► Dan D. Brummer, M.D.	C-35039	2-6-80

14.

13D. TYPED NAME AND ADDRESS: B. Brummer, M.D.; 45 So. 17th. Street, San Jose

LOCAL REGISTRAR

15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION
	B. Giansiracusa M.D. Bi	FEB 11 1980

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

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

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

SANTA CLARA COUNTY HEALTH DEPARTMENT