

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

4300-01711

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
	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 <i>[Signature]</i>		Bi	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

