

# STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

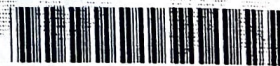
1202319076052

### CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST NICHOL	1B. MIDDLE -	1C. LAST LI
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
PLACE OF BIRTH	4A. DATE OF BIRTH - MM/DD/CCYY 11/22/2023	4B. HOUR - 24 HOUR CLOCK TIME 2345	
	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY USC ARCADIA HOSPITAL	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION 300 W. HUNTINGTON DR	
NAME OF PARENT	5C. CITY ARCADIA	5D. COUNTY LOS ANGELES	
	6A. NAME OF PARENT - FIRST CHENG	6B. MIDDLE -	6C. LAST - BIRTH NAME LI
NAME OF PARENT	6D. <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7. BIRTHPLACE - STATE/ COUNTRY CHINA	8. DATE OF BIRTH 06/16/1987
	9A. NAME OF PARENT - FIRST XIANG	9B. MIDDLE -	9C. LAST - BIRTH NAME ZHANG
INFORMANT AND BIRTH CERTIFICATION	6E. <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	10. BIRTHPLACE - STATE/ COUNTRY CHINA	11. DATE OF BIRTH 03/16/1990
	12A. PARENT OR OTHER INFORMANT - SIGNATURE CHENG LI XIANG ZHANG	12B. RELATIONSHIP TO CHILD FATHER MOTHER	12C. DATE SIGNED 11/23/2023 11/23/2023
LOCAL REGISTRAR	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE BESSIE NHAN, BIRTH. REG.	13B. LICENSE NUMBER A64425	13C. DATE SIGNED 11/24/2023
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT CINDY HUANG CHOU, MD 207 S SANTA ANITA ST STE 335, SAN GABRIEL, CA 91776	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT BESSIE NHAN, BIRTH. REG.	
15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE MUNTU DAVIS MD	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY 11/27/2023

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles  
Department of Public Health if it bears the Registrar's signature in purple ink.



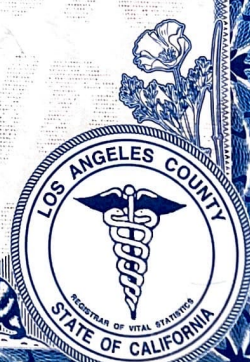
\*004097660\*

NOV 27 2023

*Muntu Davis, MD*  
VG

Health Officer and Registrar DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE