NEW YORK STATE
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

CERTIFICATE OF BIRTH

138–

N. Y. STATE DEPT. OF HEALTH VR FILE

JAN 22 19

RECORDED DISTRICT: 59

REGISTER NUMBER:

TYPE ALL ENTRIES OR PRINT IN PERMANENT BLACK INK.

INFANT	1. NAME: FIRST / MIDDLE / LAST	
	2. SEX: MALE [X] FEMALE [ ]	3a. IS THIS BIRTH: SINGLE [ ] TWIN [X] OTHER [ ]
	3b. IF NOT SINGLE BIRTH: BORN FIRST [X] SECOND [ ] OTHER	4a. DATE OF BIRTH: MONTH / DAY / YEAR
	4b. HOUR: 7:00A M.	
PLACE	5a. COUNTY (CITY): West.	5c. CITY OR VILLAGE: Yonkers
	5d. HOSPITAL (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER): Hospital	
MOTHER	6a. MAIDEN NAME: FIRST / MIDDLE / LAST	6b. AGE
	6c. STATE OF BIRTH (COUNTRY, IF NOT USA): New York	
	7a. RESIDENCE: STATE: N. Y.	7b. COUNTY: West.
	7c. TOWN	7d. CITY OR VILLAGE: Yonkers
	7e. WITHIN THE CORPORATE LIMITS? YES [X] NO [ ]	7f. STREET AND NUMBER
	8. MAILING ADDRESS FOR NOTICE OF BIRTH REGISTRATION (INCLUDE ZIP CODE): New York	
FATHER	9a. NAME: FIRST / MIDDLE / LAST	9b. AGE
	9c. STATE OF BIRTH (COUNTRY, IF NOT USA): New York	
	10a. NAME OF INFORMANT: FIRST / MIDDLE / LAST	10b. RELATION TO INFANT: Mother
CERTIFIER	11a. NAME: FIRST / MIDDLE / LAST: MD	11b. TITLE: MD [X] DO [ ] MIDWIFE [ ] OTHER
	12. MAILING ADDRESS (INCLUDE ZIP CODE): New York	
	13a. I CERTIFY THAT THE ABOVE INFANT WAS BORN ALIVE AT THE PLACE, DATE, AND TIME GIVEN.	13b. DATE SIGNED: MONTH / DAY / YEAR
	14. NAME OF ATTENDANT PRESENT IF OTHER THAN CERTIFIER	TITLE
	15a. REGISTRAR'S SIGNATURE	15b. DATE FILED: MONTH / DAY / YEAR
	15c. INFORMATION AMENDED OR CHANGED: BY: REASON:	DATE: MONTH / DAY / YEAR

TO BE ANSWERED AND SIGNED BY THE FATHER OR MOTHER OR CERTIFIER OF THIS BIRTH:
ARE THE PARENTS WILLING THAT NEWSPAPERS BE FURNISHED WITH NOTICE OF THIS BIRTH?
YES [X] NO [ ]
SIGNED

*NY

Ver. 8/2016

APR 05 2017

This is to certify that the within copy has been compared by me with the original thereof on file in the Vital Records Section, New York State Department of Health, Albany, NY and that it is a correct photocopy of the original record of the whole thereof.

Robert LoCicero

Director of Vital Records

N.B. Do not accept this copy unless the raised seal of the New York State Department of Health is affixed thereon.

Albany, New York