

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 84

SUB-
VISION

11

RECORDED DISTRICT

59

REGISTER NUMBER

TYPE ALL ENTRIES OR PRINT IN PERMANENT BLACK INK.

MOTHER	1. NAME: FIRST MIDDLE LAST	2A. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	2B. IS THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/>	2C. IF NOT SINGLE BIRTH: FIRST SECOND OTHER	2D. DATE OF BIRTH: MONTH DAY YEAR	2E. HOUR: 7:00A M.
	3A. COUNTY (NY 5): West.	3B. TOWN	3C. CITY OR VILLAGE: Yonkers	3D. HOSPITAL (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER): Hospital		
FATHER	4A. MAIDEN NAME	4B. AGE	4C. STATE OF BIRTH (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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	7F. STREET AND NUMBER
CERTIFIER	8. MAILING ADDRESS FOR NOTICE OF BIRTH REGISTRATION (INCLUDE ZIP CODE):	9A. NAME: FIRST MIDDLE LAST: New York	9B. AGE	9C. STATE OF BIRTH (COUNTRY, IF NOT USA): New York		
	10A. NAME: FIRST MIDDLE LAST: MD	10B. RELATION TO INFANT: Mother	11A. NAME: FIRST MIDDLE LAST: MD	11B. TITLE: MO <input checked="" type="checkbox"/> DO <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/>		
12. MAILING ADDRESS (INCLUDE ZIP CODE):	13A. I CERTIFY THAT THE ABOVE INFANT WAS BORN ALIVE AT THE PLACE, DATE, AND TIME GIVEN.	13B. DATE SIGNED: MONTH DAY YEAR	13C. INFORMATION ADDED OR AMENDED BY: REASON:	14. NAME OF ATTENDANT PRESENT IF OTHER THAN CERTIFIER:	TITLE:	
15A. REGISTRAR'S SIGNATURE:	15B. DATE FILED: MONTH DAY YEAR	15C. INFORMATION ADDED OR AMENDED 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> SIGNED:						