

Acte de Naissance / Birth Certificate New Jersey



New Jersey Department of Health and Senior Services
Certificate of Live Birth

1. NAME OF CHILD		First		Middle		Last	
2a. DATE OF BIRTH	2b. HOUR	3. SEX	4a. PLURALITY		4b. THIS CHILD BORN		
01/07 A	9:12	MALE	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> TWINS	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> OTHER
5a. PLACE OF BIRTH		1 <input checked="" type="checkbox"/> HOSPITAL		3 <input type="checkbox"/> CLINIC/DOCTOR'S OFFICE		4 <input type="checkbox"/> OTHER - specify	
2 <input type="checkbox"/> FREESTANDING BIRTHING CENTER		6 <input type="checkbox"/> RESIDENCE		7a. TOWN, OR LOCATION OF BIRTH		7b. COUNTY OF BIRTH	
8. NAME OF FACILITY		9. DATE OF BIRTH		10. BIRTH-PLACE			
ST. PETER'S UNIVERSITY HOSPITAL				Brunswick		Middlesex	
11a. RESIDENCE - Street		11b. RESIDENCE - County		12. STREET AND NUMBER		13. CITY/TOWNSHIP	
NJ						Yes	
14. MOTHER'S MAILING ADDRESS		15. CITY OR TOWNSHIP		16. STATE		17. ZIP CODE	
18a. FATHER - Name		18b. DATE OF BIRTH		18c. BIRTH-PLACE			
19a. NAME OF PHYSICIAN		19b. RELATIONSHIP TO CHILD					
20a. CERTIFIER - Name		20b. MAILING ADDRESS					
21. CERTIFYING CHILD HAS BEEN EDUCATED		22. REGISTERED BIRTH		23. EXACTE IDENTIFIED		24. OTHER IDENTIFY	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Signature		25. DATE RECEIVED		26. DATE RECEIVED			
27. REGISTRAR - sig							

S P E C I M E N

UNDER MY HAND AND SEAL OF THE DEPARTMENT OF HEALTH AND SENIOR SERVICES, I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE AUTOMATIC REPRODUCTION FROM AN IMAGE OF THE ORIGINAL RECORD.

DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE CITY IS AFFIXED HEREON.

[Signature]

Director of Social Services

Date
HEALTH DEPARTMENT, NEW BRUNSWICK, NEW JERSEY