

Acte de Naissance / Birth Certificate New York State

AVENUE, MINEOLA, NY 11501 - DISTRICT #2998.

VINCENT MULLICK
 DEPUTY REGISTRAR

Recorded District Register Number	New York State Department of Health CERTIFICATE OF LIVE BIRTH	State File Number
INFANT	1A. Name: First Middle Last 1B. Medical Record No.: 2A. Date of Birth:	2B. Hour: 1:17PM
MOTHER	3. Sex: 4A. Birth is: 4B. If Not Single, Birth is: 5. Place of Birth: Hospital	6A. Facility Name: Winthrop University Hosp Village of Mineola
ATTENDANT	6B. County of Birth: Nassau	7A. Maiden Name: First Middle Last 7B. City and State of Birth: <small>(Please Print U.S.A.)</small> 7C. City and State of Birth: <small>(Please Print U.S.A.)</small> 7D. Social Security No.:
ATTENDANT	8A. Residence, State: New York	8B. County: Queens
ATTENDANT	8C. Locality: City of New York (Forest Hills)	8D. If City or Village, is Residence Within City or Village Limits? <small>(If No, Print State)</small> Yes
ATTENDANT	9A. Name: First Middle Last 9B. Date of Birth: 9C. City and State of Birth: <small>(Please Print U.S.A.)</small> 9D. Social Security No.:	9E. Zip Code: 9F. Zip Code: 9G. Medical Record No.:
ATTENDANT	10A. I certify that the above information concerning this child is true to the best of my knowledge and belief. 10B. Date Signed: <small>Month Day Year</small> 10C. Name of Certifier, if not Attendant: 10D. License Number:	10E. Zip Code:
ATTENDANT	11A. Signature of the Registrar: 11B. Date Filed: <small>Month Day Year</small> 11C. Information Added or Amended: <small>Month Day Year</small> 11D. Date Amended: <small>Month Day Year</small>	0311 0511 A 04426 0