

Acte de Naissance / Birth Certificate New York City

**THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE**

CERTIFICATE OF BIRTH REGISTRATION

NEW YORK CITY
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF BIRTH

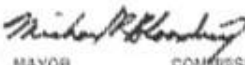
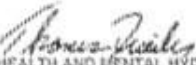

Birth No. 0000000000

| | | | | |
|---------------------------------------|---|--|---|-------------------------------|
| 1. FULL NAME OF CHILD | | First Name | Middle Name | Last Name |
| 2. SEX | 3a. NUMBER DELIVERED of this pregnancy 3b. If more than one, number of this child in order of delivery | 4a. DATE OF CHILD'S BIRTH (Month) (Day) (Year) | 4b. HOUR 03:06 AM | |
| 5. PLACE OF BIRTH | 5a. NEW YORK CITY BOROUGH OR | 5b. Name of Facility (if not in institution, street address) | | 5c. TYPE OF PLACE |
| 6a. MOTHER'S FULL MAIDEN NAME | | 6b. MOTHER'S DATE OF BIRTH (Month) (Year) | 6c. MOTHER'S BIRTHPLACE (City & State or foreign country) | |
| 7. MOTHER'S USUAL RESIDENCE | | 7c. City, town, or location | 7d. Street and house number | 7e. Inside city limits of NYC |
| 7a. State | 7b. County | New York | | Yes |
| 8a. FATHER'S FULL NAME | | 8b. FATHER'S DATE OF BIRTH (Month) (Day) (Year) | 8c. FATHER'S BIRTHPLACE (City & State or foreign country) | |
| 9a. NAME OF ATTENDANT AT DELIVERY | | 9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN | | |
| Information added or amended (Please) | | Signed Name of Signer N.D. | | |
| Date City Registrar | | Address | | |
| | | Date Signed Year | | |

VITAL RECORDS DEPARTMENT OF HEALTH AND MENTAL HYGIENE THE CITY OF NEW YORK

MOTHER'S MAILING ADDRESS
Copy of this certificate will be mailed to her when it is filed with the Department of Health and Mental Hygiene.

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law. If the certificate contains any errors it is important to have them corrected as soon as possible. You may call (212) 760-4520 for information. Or, you may write to the Corrections Unit, Office of Vital Records, 125 Worth Street-CM4, New York, New York 10013. Forms and instructions are also available on the Department of Health and Mental Hygiene's Web site: www.nyc.gov/health

 MAYOR
 COMMISSIONER OF HEALTH AND MENTAL HYGIENE
 CITY REGISTRAR

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DOCUMENT No. _____