

REG-16  
FEB 15

New Jersey Department of Health  
CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER
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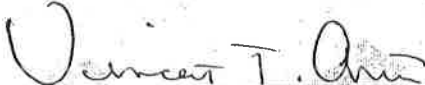
1. NAME OF CHILD (First) (Middle) (Last) (Suffix)				
2a. DATE OF BIRTH (MM/DD/YYYY) 01/30/2016	2b. TIME OF BIRTH 06:38 AM	3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT YET DETERMINED	4. a. PLURALITY <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> OTHER (specify)	4b. IF MULTIPLE BIRTH, BIRTH ORDER: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> OTHER (specify)
5a. PLACE OF BIRTH (Name of facility, if not institution, give Street Name and Number) CAPITAL HEALTH MEDICAL CENTER - HOPEWELL		5b. MUNICIPALITY OF BIRTH HOPEWELL TWP		5c. COUNTY OF BIRTH MERCER
6. MOTHER'S MAIDEN NAME (First) (Middle) (Last) (Suffix)			7. MOTHER'S DATE OF BIRTH (MM/DD/YYYY)	
8. MOTHER'S LEGAL NAME (First) (Middle) (Last) (Suffix)			9. MOTHER'S BIRTHPLACE (State or Foreign Country) MEXICO	
10a. MOTHER'S RESIDENCY ADDRESS (Number and Street Name) 1		10b. RESIDENCE-City, Township or Boro TRENTON	10c. COUNTY MERCER	10d. STATE NEW JERSEY
10e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
11a. MOTHER'S MAILING ADDRESS-Number and Street/P.O. Box Number		11b. CITY OR TOWNSHIP TRENTON	11c. STATE NEW JERSEY	11d. ZIP CODE 08610
12a. FATHER'S NAME (First) (Middle) (Last) (Suffix)		12b. FATHER'S DATE OF BIRTH (MM/DD/YYYY)		12c. FATHER'S BIRTHPLACE (State or Foreign Country) MEXICO
13a. FATHER'S MAILING ADDRESS-Number and Street/P.O. Box Number		13b. CITY OR TOWNSHIP TRENTON	13c. STATE NEW JERSEY	13d. ZIP CODE 08610
14a. NAME OF INFORMANT			14b. RELATIONSHIP TO CHILD MOTHER	
15a. CERTIFIER-Name and License Number KIMBERLY STATON BALDWIN 25MA07391900		15b. TITLE 1 <input checked="" type="checkbox"/> MD 2 <input type="checkbox"/> DO 3 <input type="checkbox"/> CNM 4 <input type="checkbox"/> MIDWIFE 5 <input type="checkbox"/> OTHER (specify)		
15c. MAILING ADDRESS (No. & Street or P.O. Box, City/Town, State, Zip) 750 BRUNSWICK TRENTON NEW JERSEY			15d. DATE CERTIFIED (MM/DD/YYYY) 02/02/2016	
16a. REGISTRAR-Name and Title EVELYN ESTRADA			16b. DATE RECEIVED 02/05/2016	

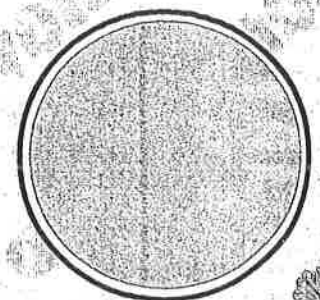
ISSUED BY:  
HOPEWELL TWP MUNICIPALITY (MERCER COUNTY)  
RANDI KNECHEL, Local Registrar

DATE ISSUED: 03/14/2016

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

  
Vincent T. Arrisi  
State Registrar  
Office of Vital Statistics and Registry



THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ IDENTIFICATION NUMBER TO VERIFY

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