

REG-16
FEB 15

New Jersey Department of Health
CERTIFICATE OF LIVE BIRTH

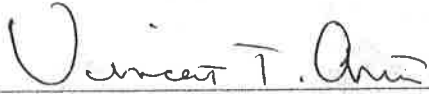
STATE FILE NUMBER

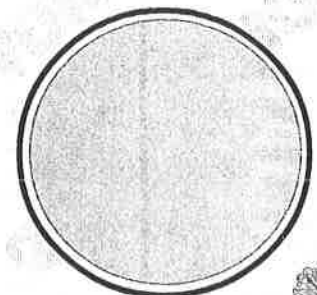
1. NAME OF CHILD (First) (Middle) (Last) (Suffix)					
2a. DATE OF BIRTH (MM/DD/YYYY) 01/30/2016	2b. TIME OF BIRTH 06:38 AM	3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT YET DETERMINED	4. PLURALITY <input checked="" type="checkbox"/> SINGLE <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



REG-42A
JUN 14



THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

SRE
OFICINAS -VITAL RECORDS-

NUEVA JERSEY

CAMDEN

City Hall, Room 103
520 Markey City
Camden, NJ. 08101
(856) 757-7220

CHERRY HILL

820 Mercer Street
Cherry Hill, NJ. 08002
(856) 488-7892

LAKEWOOD

Municipal Building
231 3rd Street
Lakewood, NJ. 08701
(732) 364-2500

LITTLE EGG HARBOR TOWNSHIP

Municipal Building
665 Radio Road
Little Egg Harbor, NJ. 08087
(609) 296-7241

GLASSBORO

Glassboro Hall
1 South Main Street
Glassboro, NJ 08028-2592
Phone: (856) 881-9230

ATLANTIC CITY

City Hall, Room 105
1301 Bacharach Blvs. 1st Fl.
Atlantic City, NJ. 08401
(609) 347-5410

VINELAND

City Hall
640 E. Wood Street
Department of Health
Vineland, NJ 08362-1508
Phone: (856) 794-4000 Ext 4310

BRIDGETON

City Hall Annex
Room 102
181 E. Commerce Street
Bridgeton, NJ 08302
Phone: (856) 455-3230 x213

111 South Independence Mall East, Suite 310, The Bourse Building, Philadelphia, PA 19106
Phone: (215) 923-8384 Fax: (215) 923-7281 consulmex.sre.gob.mx/filadelfia/
Twitter: @ConsulmexFila Facebook: @ConsulmexFila