

Full Transcript Birth Certificate

New Jersey Department of Health and Senior Services

Certificate of Live Birth

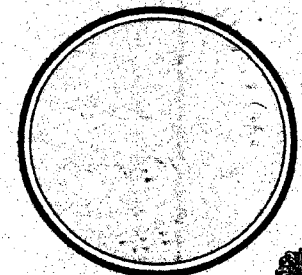
1. NAME OF CHILD (First)			(Middle)			(Last)			
2a. DATE OF BIRTH		2b. HOUR		3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4a. PLURALITY <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> OTHER		4b. THIS CHILD BORN - <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> OTHER	
5a. PLACE OF BIRTH <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> FREESTANDING BIRTHING CENTER			3 <input type="checkbox"/> CLINIC/DOCTOR'S OFFICE			5 <input type="checkbox"/> OTHER - specify:			
6a. NAME OF FACILITY			5c. CITY, TOWN, OR LOCATION OF BIRTH Livingston			5d. COUNTY OF BIRTH Essex			
6a. MOTHER - Maiden Name			6b. DATE OF BIRTH			6c. BIRTHPLACE			
7a. RESIDENCE - State NJ		7b. RESIDENCE - County		7c. RESIDENCE - City, Township, or Boro in which mother actually lives		7d. STREET AND NUMBER		8. INSIDE CITY LIMITS Yes	
9a. MOTHER'S MAILING ADDRESS			9b. CITY OR TOWNSHIP		9c. STATE NJ		9d. ZIP CODE		
10a. FATHER - Name			10b. DATE OF BIRTH			10c. BIRTHPLACE			
11a. NAME OF INFORMANT			11b. RELATIONSHIP TO CHILD						
12a. CERTIFIER - Name			12b. MAILING ADDRESS						
13a. I CERTIFY THIS CHILD WAS BORN ALIVE AT THE PLACE, TIME, AND DATE SHOWN			13b. DATE OF SIGNATURE		14. ATTENDANT 1 <input type="checkbox"/> MD 2 <input checked="" type="checkbox"/> DO 3 <input type="checkbox"/> CNM 4 <input type="checkbox"/> OTHER MIDWIFE 5 <input type="checkbox"/> OTHER (Specify)				
15a. REGISTRAR - Signature Rose S Virgadamo			15b. DATE RECEIVED						

DATE ISSUED: [REDACTED]
 ISSUED BY:
 [REDACTED] TOWNSHIP
 ROSE S VIRGADAMO

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.

Joseph A. Komosinski
 Joseph A. Komosinski, State Registrar
 Bureau of Vital Statistics



REG-42A
 JULY 04

rec 6/29/2014

THIS DOCUMENT CONTAINS A LIQUE STATE OF N WATERMARK

HOLD TO LIGHT TO VIEW WATERMARK