

# THE CITY OF NEW YORK VITAL RECORDS CERTIFICATE

## CERTIFICATE OF BIRTH REGISTRATION

DATE FILED

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**OCTOBER 03, 2018**  
**07:21 PM**

### CERTIFICATE OF BIRTH

CERTIFICATE NO. **156-18-083879**

1. NAME OF CHILD	(First, Middle, Last) <b>Momoka Munekyo Geiger</b>				
2. SEX	3a. NUMBER DELIVERED of this pregnancy	4a. DATE OF CHILD'S BIRTH	4b. Time		
<b>Female</b>	<b>1</b>	<b>September 27, 2018</b>	<b>09:16</b>	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH	5b. Name of Hospital or other facility (if not facility, street address)			
	<b>Manhattan</b>	<b>New York Presbyterian Hospital</b>			
5c. TYPE OF PLACE	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other-specify: _____				
6a. MOTHER/PARENT'S NAME (Prior to first marriage)	6b. MOTHER/PARENT'S DATE OF BIRTH	6c. MOTHER/PARENT'S BIRTHPLACE			
(First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <b>Yumiko Munekyo</b>	(Month) (Day) (Year - yyyy) <b>02 / 12 / 1985</b>	City & State or foreign country <b>Japan</b>			
7. MOTHER/PARENT'S USUAL RESIDENCE	7c. City or town	7d. Street and number	Apt. No.	ZIP Code	7e. Inside city limits of 7c?
a. State <b>NY</b> b. County <b>New York</b>	<b>New York</b>	<b>212 Warren Street 9G</b>		<b>10282</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8a. FATHER/PARENT'S NAME (Prior to first marriage)	8b. FATHER/PARENT'S DATE OF BIRTH	8c. FATHER/PARENT'S BIRTHPLACE			
(First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <b>Jason Evan Geiger</b>	(Month) (Day) (Year - yyyy) <b>05 / 26 / 1983</b>	City & State or foreign country <b>Englewood, NJ</b>			
9a. NAME OF ATTENDANT AT DELIVERY	<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____		No Correction History.  		
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN	<input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input checked="" type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____				
Signed <u>Janiris Robles</u> <i>Signature Electronically Authenticated</i>					
Name of Signer <b>Janiris Robles</b> <small>(Type or Print)</small>					
Address <b>622 W 168th Street New York, New York 10032</b>					
Date Signed <b>October 03</b> Year - yyyy <b>2018</b>					

Mother/Parent's Current (First, Middle, Last)  
Legal Name **Yumiko Munekyo Geiger**

Address **212 Warren Street** Apt. **9G**

City **New York** State **NY** ZIP **10282**

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 here, as no inquiry as to the facts has been provided by law. See reverse side for information on how to correct a birth record.

Este es el registro del certificado de nacimiento de su niño (a), se le ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Veal al lado reverso la información para corregir un certificado de nacimiento.

*Bill de Blasio*
*Dixie Paulino*
*Interim*
*Hutch Van Dyke*

MAYOR
COMMISSIONER OF HEALTH AND MENTAL HYGIENE
CITY REGISTRAR

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H00117920

October 10, 2018

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

