Birth Certificate

| | | | | | | | Weight |
|-----|--|--|--|--|---|------|--------|
| I | Sex, full name and weight of child | 1. Male 2. Female | Full name | MA | RI SHIM | 1/20 | 291 og |
| II | Multiparous birth | 1. Twin N/A. | | this | Order of delivery of 1. First this child in this 2. Second multiparous birth 3. Third | | ond |
| III | Time and date of birth | Month, Day, Year Hour A.M. 48 | | | | ะ๗ | |
| ΙV | Place of birth | Address 55 PALMER AVE BRONXVILLE, N.Y. 10708 U.S.A. 1. Hospital 2. Medical station 3. Maternity home 4. Home of the parents 5. Others (Name of 1) 2, or 3. LAWRENCE HOSPITAL) | | | | | |
| V | Months of pregnancy and full name of mother | Period of pregnancy | (39) Full name of mother MIKA SHIMIZU | | | | |
| VI | Number of children given birth by the above mentioned mother | Number of children (birth living and those who died after brith) Number of children who died 6 months after conception | | | | | |
| VII | Certified as above | Address | 1535 | EDWIN PAN, MID 153 STEVENS AUC MOUNT VERNON, NY. 10550 | | | |
| | 11/26/2010 | Physician Midwife Others | Full name in print and seal or signatur | | Sin PAN, 1 | | |