

THE CITY OF NEW YORK VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH REGISTRATION

DATE FILED
APRIL 02, 2012
05:48 PM

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

CERTIFICATE OF BIRTH

CERTIFICATE NO. **156-12-027400**

1. NAME OF CHILD Aidan Miura		(First, Middle, Last)	
2. SEX Male	3a. NUMBER DELIVERED of this pregnancy 1	4a. DATE OF CHILD'S BIRTH March 29, 2012	4b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 11:50
3b. If more than one, number of this child in order of delivery ****			
5. PLACE OF BIRTH Manhattan	5a. NEW YORK CITY BOROUGH	5b. Name of Hospital or other facility (if not facility, street address) NYU Hospital Center - Tisch Hospital	
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"/> Other-specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F Sachie Shimanuki		6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) 05 / 02 / 1977	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country Japan
7. MOTHER/PARENT'S USUAL RESIDENCE a. State NJ b. County Hudson	7c. City or town West New York	7d. Street and number 55 Riverwalk Place 936	Apt. No. _____ ZIP Code 07093 7e. Inside city limits of 7c? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F Tomonori Miura		8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) 09 / 20 / 1977	8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country Japan
9a. NAME OF ATTENDANT AT DELIVERY Joonhee Park		<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 _____	
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 _____		No Correction History	
Signed <u><i>Rosemarie Cook</i></u> <small>Signature Electronically Authenticated</small>			
Name of Signer Rosemarie Cook <small>(Type or Print)</small>			
Address 560 First Avenue New York, New York 10016			
Date Signed April 02, 2012 Year - yyyy			
Mother/Parent's Current (First, Middle, Last) Legal Name Sachie Miura Address 55 Riverwalk Place Apt. 936 City West New York State NJ ZIP 07093			

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 thereon, as no inquiry as to the facts has been provided by law. If the certificate contains any errors it is important to have them corrected as soon as possible. You may call (212) 788-4520 for information. Or, you may write to the Corrections Unit, Office of Vital Records, 125 Worth Street - CN4, New York, New York 10013. Forms and instructions are also available on the Department of Health and Mental Hygiene's Web site: www.nyc.gov/vitalrecords

Michael Bloomberg
MAYOR

Thomas Farley
COMMISSIONER OF HEALTH AND MENTAL HYGIENE

John P. Ewart
CITY REGISTRAR

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DATE ISSUED **April 5, 2012**

