

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

SEPTEMBER 28, 2017
10:28 PM

CERTIFICATE OF BIRTH

CERTIFICATE NO. **156-17-083908**

| | | | |
|--|--|---|--|
| 1. NAME OF CHILD Theon Lokhei Masato Chen | | (First, Middle, Last) | |
| 2. SEX Male | 3a. NUMBER DELIVERED of this pregnancy 1 | 4a. DATE OF CHILD'S BIRTH September 22, 2017 | 4b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
| 3b. If more than one, number of this child in order of delivery **** | | | |
| 5. PLACE OF BIRTH Manhattan | 5a. NEW YORK CITY BOROUGH Manhattan | | |
| 5b. Name of Hospital or other facility (if not facility, street address) NYU Langone Medical Center-Tisch | | | |
| 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: _____ | | | |
| 6a. MOTHER/PARENT'S NAME (Prior to first marriage) Inja Kim | | 6b. MOTHER/PARENT'S DATE OF BIRTH 11 / 24 / 1985 | 6c. MOTHER/PARENT'S BIRTHPLACE Japan |
| (First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F | | (Month) (Day) (Year - yyyy) | City & State or foreign country |
| 7. MOTHER/PARENT'S USUAL RESIDENCE a. State NY b. County New York | 7c. City or town New York | 7d. Street and number 56 Pine Street 3E | 7e. Inside city limits of 7c? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 7a. Apt. No. _____ | | 7b. ZIP Code 10005 | |
| 8a. FATHER/PARENT'S NAME (Prior to first marriage) Teddy Chen | | 8b. FATHER/PARENT'S DATE OF BIRTH 10 / 27 / 1977 | 8c. FATHER/PARENT'S BIRTHPLACE China |
| (First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F | | (Month) (Day) (Year - yyyy) | City & State or foreign country |
| 9a. NAME OF ATTENDANT AT DELIVERY Elizabeth Cho | | <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. Admn. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____ | |
| Signed Rosemarie Cook <i>Signature Electronically Authenticated</i> | | No Correction History | |
| Name of Signer Rosemarie Cook (Type or Print) | | | |
| Address 560 First Avenue New York, New York 10016 | | | |
| Date Signed September 28 Year - yyyy 2017 | | | |

Mother/Parent's Current (First, Middle, Last)
Legal Name **Inja Kim**

Address **56 Pine Street** Apt. **3E**

City **New York** State **NY** ZIP **10005**

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. Vea al lado reverso la información para corregir un certificado de nacimiento.

Bill de Blasio

MAYOR

Henry J. Rossetti

COMMISSIONER OF HEALTH AND MENTAL HYGIENE

John P. Swartz

CITY REGISTRAR



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October 3, 2017



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE