

NEW YORK STATE  
DEPARTMENT OF HEALTH

STATE FILE NUMBER

**CERTIFICATE OF  
LIVE BIRTH**

RECORDED DISTRICT <b>2951</b>		REGISTER NUMBER <b>2614</b>			
1A. NAME: FIRST MIDDLE LAST <b>AMANDA-JO BLAIS</b>			1B. MEDICAL RECORD NO. <b>692407</b>	2A. DATE OF BIRTH: MONTH DAY YEAR <b>06 19 91</b>	2B. HOUR: <b>3:37p</b> m
3. SEX: MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	4A. IS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> OTHER <input type="checkbox"/>	4B. IF NOT SINGLE BIRTH: (Specify) FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> OTHER <input type="checkbox"/>	5. PLACE OF BIRTH: (Check type or specify if other) HOSPITAL <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> BIRTHING CENTER <input type="checkbox"/> CLINIC OR DR'S OFFICE <input type="checkbox"/> OTHER <input type="checkbox"/>		
6A. FACILITY NAME: (If not facility give address) <b>NORTH SHORE UNIV HOSP</b>		6B. LOCALITY: (Check one and specify) CITY OF <input type="checkbox"/> VILLAGE OF <input type="checkbox"/> TOWN OF <input checked="" type="checkbox"/> <b>N. HEMPSTEAD</b>		6C. COUNTY OF BIRTH: <b>NASSAU</b>	
7A. MAIDEN NAME: FIRST MIDDLE LAST <b>SAMANTHA-JO</b>			7B. AGE: <b>18</b>	7C. CITY AND STATE OF BIRTH: (Country if not U.S.A.) <b>PLAINVIEW, NY</b>	
7D. SOCIAL SECURITY NUMBER: <b>NY NASSAU</b>		8A. RESIDENCE, STATE: <b>NY</b>		8B. COUNTY: <b>NASSAU</b>	
8C. LOCALITY: (Check one and specify) CITY OF <input type="checkbox"/> VILLAGE OF <input type="checkbox"/> TOWN OF <input checked="" type="checkbox"/> <b>UNIONDALE</b>			8D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF NO, SPECIFY TOWN: <b>Hempstead</b>		
8E. STREET AND NUMBER OF RESIDENCE:			8F. ZIP CODE: <b>11553</b>		8G. MAILING ADDRESS: (If different from above)
8H. ZIP CODE:			8I. MEDICAL RECORD NO: <b>692389</b>		8J. SOCIAL SECURITY NUMBER:
9A. NAME: FIRST MIDDLE LAST <b>RICHARD WILLIAM BLAIS</b>			9B. AGE: <b>19</b>	9C. CITY AND STATE OF BIRTH: (Country if not U.S.A.) <b>BETHPAGE, NY</b>	
10A. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF SIGNATURE: <i>[Signature]</i>			10B. DATE DUEFILED: MONTH DAY YEAR <b>6 19 91</b>		10C. NAME OF CERTIFIED BY: NOT ATTENDANT:
10D. ATTENDANT'S NAME: FIRST MIDDLE LAST <b>TIMOTHY BROWN</b>			10E. LICENSE NUMBER: <b>135-124</b>		10F. ZIP CODE: <b>11758</b>
10F. ATTENDANT'S MAILING ADDRESS:			11A. SIGNATURE OF THE REGISTRAR: <i>[Signature]</i>		11B. DATE FILED: MONTH DAY YEAR <b>6 25 91</b>
11C. INFORMATION ADDED OR AMENDED BY: REASON:			11D. DATE AMENDED: MONTH DAY YEAR		11E. DATE:



This is to certify that this is a true and correct copy of the original certificate of birth on file in the Town of North Hempstead, County of Nassau, State of New York.

Signature: *[Signature]*  
LOCAL REGISTRAR OF VITAL STATISTICS

JOHN S. DAVANZO  
REGISTRAR Date

JUNE 25, 1991

N.B. Do not accept this copy unless the raised seal of the Town of North Hempstead is affixed thereon.