

Recorded District
2951

Register Number
3569

New York State Department of Health
CERTIFICATE OF LIVE BIRTH

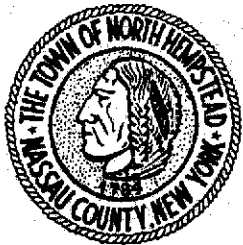
State File Number

May the Social Security Administration be furnished with information from this form to issue your child a social security number? Yes No
 May the newspapers be furnished with notice of this birth? Yes No
 NOTE: If yes is checked there is a consent form signed by the mother in the hospital record.

INFANT	1A. Name: <i>First Middle Last</i> AVRAHAM DANIEL BLUMENTHAL			1B. Medical Record No.: 01454955	2A. Date of Birth: August 10, 2003	2B. Hour: 06:16AM
	3. Sex: Male	4A. Birth is: Single	4B. If Not Single, Birth is:	5. Place of Birth: Hospital		
	6A. Facility Name: North Shore Univ. Hosp.		6B. Locality: Town of North Hempstead		6C. County of Birth: Nassau	
MOTHER	7A. Maiden Name: <i>First Middle Last</i> BROCHA SORA TARTER			7B. Date of Birth: 09/16/1982	7C. City and State of Birth: Brooklyn, NY	
	7D. Social Security No.: 114-66-1203		8A. Residence, State: New York		8B. County: Nassau	
	8C. Locality: Village of Lawrence			8D. If City or Village, Is Residence Within City or Village Limits? (If no, specify town.) Yes		
	8E. Street and Number of Residence: 501 BROADWAY,			8F. Zip Code: 11559		
	8G. Mailing Address: 501 BROADWAY, Lawrence NY			8H. Zip Code: 11559		8I. Medical Record No.: 01498875
FATHER	9A. Name: <i>First Middle Last</i> EVAN JAY BLUMENTHAL			9B. Date of Birth: 05/01/1979	9C. City and State of Birth: Queens, NY	
	9D. Social Security No.: 080-70-1521			9E. Date Signed: 8/19/03		
ATTENDANT	10A. I certify that the stated information concerning this child is true to the best of my knowledge and belief. <i>Signature</i>			10B. Date Signed: 8/19/03		10C. Name of Certifier, if not Attendant:
	10D. Attendant's Name: <i>First Middle Last</i> JESSICA JACOB			Title: M.D.		10E. License Number: 161044
	10F. Attendant's Mailing Address: 3003 New Hyde Park Road New Hyde Park, NY			10G. Zip Code: 11042		
	11A. Signature of the Registrar: <i>Michelle Schimel</i>			11B. Date Filed: Month Day Year 8 21 03		11C. Information Added or Amended: Reason: 0541 A 03677

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

DISTRICT
2951



Signature: *Michelle Schimel*
Michelle Schimel, Registrar of Vital Statistics

Date: 8/21/03

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

No. 27477 - 2003

VS Form TNH NEW BRTH
7/2000 MS tc/rvs

This is a copy of the above noted child's "Certificate of Live Birth." (DOH 1963-E) N.Y.S. Department of Health regulation requires the Local Registrar send you this copy. Carefully review this record for accuracy. Report discrepancies to:

North Shore University Hospital
Birth Certificate Unit
(516) 562-8349

Michelle Schimel, Registrar
200 Plandome Road
Manhasset, New York 11030
(516) 869-7652