

# STATE OF NEW JERSEY

A0004708724

## NEW JERSEY STATE DEPARTMENT OF HEALTH CERTIFICATE OF LIVE BIRTH

87621

1. NAME OF CHILD <i>(First) (Middle) (Last)</i> <b>Robert Guy Cirello</b>					
2a. DATE OF BIRTH <b>Dec. 5, 1978</b>		2b. Hour <b>1:13 P m.</b>	3. Sex <b>male</b>	4a. This Birth <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet	
5a. Name of Hospital or Institution (if not in hospital or institution, give street address) <b>Passaic General Hospital</b>			5b. City, Town or Location of Birth <b>Passaic</b>		5c. County of Birth <b>Passaic</b>
6a. Mother - Maiden Name <b>Anna Marie Lourick</b>			6b. Age at time of this Birth <b>19</b>		6c. State of Birth (If not in U.S.A. name Country) <b>NJ</b>
7a. Mailing Address (Number, Street or P.O. Box) <b>236 Terrace Ave.</b>		7b. City or Town <b>Lodi</b>		7c. State <b>NJ</b>	7d. Zip Code <b>07644</b>
8a. Residence (Township or Boro) <b>Lodi</b>		8b. County & State <b>Bergen</b>		8c. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9a. Father - Name <b>Guy Cirello</b>			9b. Age at time of this Birth <b>19</b>		9c. State of Birth (If not in U.S.A. name Country) <b>NJ</b>
10a. Informant - Name and Address <b>Anna Marie Cirello 236 Terrace Ave., Lodi, NJ 07644</b>				10b. Relation to Child <b>mother</b>	
11a. Certifier - Name <b>Dr. S. Pajoohi</b>			11b. Mailing Address (Number, Street or P.O. Box, City, Town, State, Zip Code) <b>124 Gregory Ave., Passaic, NJ 07055</b>		
12a. Certifier - Signature <i>S. Pajoohi M.D.</i>			12b. Date of Signature <b>12-11-78</b>		14. Attendant <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
13a. Registrar - Signature <i>Jessa C. Quentara</i>			13b. Date Received <b>12/15/78</b>		

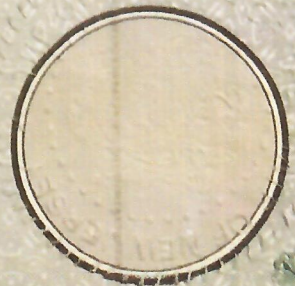
DATE ISSUED: January 9, 2009

ISSUED BY:  
State Department of Health and Senior Services  
Bureau of Vital Statistics

This is to certify that the above is correctly copied from a record on file in my office.

*Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.*

*Joseph A. Komosinski*  
Joseph A. Komosinski, State Registrar  
Bureau of Vital Statistics



REG-42A  
JULY 04

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK

HOLD TO LIGHT TO VIEW WATERMARK