

New York State Department of Health CERTIFICATE OF BIRTH

Registered No. 2576

NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital
(If not in hospital or institution, give street address or location)

2. Usual residence of mother: State New York County Westchester Town Nassau City or Village Averill Park
Is residence within its corporate limits? YES NO STREET ADDRESS R. D. #1
Is residence on farm? YES NO

3. CHILD'S NAME (Type or print) DALE - JAY - COONRADT

4. SEX Male 5a. THIS BIRTH SINGLE TWIN TRIPLET 5b. IF TWIN OR TRIPLET (Was child born) 1ST 2ND 3RD 6. DATE OF BIRTH (Month) Oct. (Day) 15 (Year) 1960

FATHER OF CHILD

7. FULL NAME Sherman Alfred Coonradt 8. COLOR OR RACE White
9. AGE (At time of this birth) 35 YEARS 10. BIRTHPLACE (State or foreign country) Brook N.Y. 11a. USUAL OCCUPATION Carpenter 11b. KIND OF BUSINESS OR INDUSTRY St. Marys Hospital

MOTHER OF CHILD

12. FULL MAIDEN NAME Norma Jane Link 13. COLOR OR RACE White
14. AGE (At time of this birth) 29 YEARS 15. BIRTHPLACE (State or foreign country) May N.Y.
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4 b. How many OTHER children were born alive but are now dead? 0 c. How many children were still-born (born dead after 20 weeks' pregnancy)? 0
17. LENGTH OF PREGNANCY COMPLETED WEEKS 40 18. WEIGHT OF CHILD AT BIRTH GMS. OR 8 LBS. 11 OZS.
19a. WAS THE BLOOD OF THIS CHILD'S MOTHER TESTED FOR SYPHILIS During pregnancy? YES NO At delivery? YES NO
19b. DATE TEST MADE 9 1960 19c. IF NO TEST STATE REASON THEREFOR.

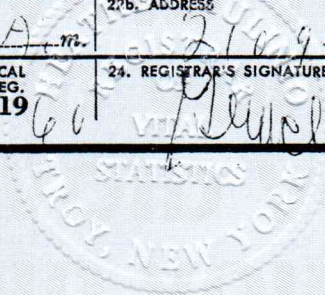
20a. WHAT PREVENTIVE FOR OPHTHALMIA NEONATORUM DID YOU USE? g.g.p.o.s. 20b. IF NONE, STATE THE REASON THEREFOR.

21. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: Averill Park - N.Y. R. D. #1

I hereby certify that I attended the birth of this child who was born alive on the date stated above

22a. SIGNATURE OF ATTENDANT D. W. Calhoun M. D. MIDWIFE OTHER (Specify)
22b. ADDRESS 2109-15th St, Troy N.Y. 22c. DATE SIGNED Oct. 17 1960

at 2:09 A.M.
23. DATE FILED BY LOCAL REG. 10-18 1960 24. REGISTRAR'S SIGNATURE [Signature] 25. GIVEN NAME ADDED 19 Registrar






CERTIFICATE SECURITY FEATURES

Security Features:	Description:
Hidden "VOID" Image:	The word "VOID" will appear repeatedly in the background of copies, scans, and faxes.
Heat-Reactive Ink:	The Red New York State Seal will temporarily disappear when rubbed.
Chemical Sensitivity:	Use of solvents will show stains on document, while use of bleach reveals "VOID" wording.
Watermark:	Distinctive watermark pattern will become visible when held at an angle.
Invisible Fibers:	Tiny invisible fibers are embedded in the paper which will glow when exposed to UV light.

This is to certify that this document is a true and exact copy of record on file with the Registrar of the City of Troy, New York. Do not accept this copy unless the raised seal of the City of Troy, Registrar of Vital Statistics is affixed thereon.


Heather Mulino
Registrar of Vital Statistics, City of Troy, NY



JUN 20 2023