

STATE DEPARTMENT OF HEALTH OF NEW JERSEY

BIRTH No. 129-53-08508K
(Will be inserted by State Dept.)

1. PLACE OF BIRTH a. COUNTY HUDSON		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) New Jersey b. COUNTY Hudson	
b. CITY BOROUGH TOWNSHIP: <input checked="" type="checkbox"/> JERSEY CITY (Check box and give name)		c. CITY BOROUGH TOWNSHIP: <input checked="" type="checkbox"/> Union City, (Check box and give name)	
3. NAME (If not in hospital or institution give street address or location; OF HOSPITAL OR INSTITUTION Margaret Hague		d. STREET ADDRESS OF MOTHER 1512 Summit Ave. IF RURAL, P.O. ADDRESS	
3. CHILD'S NAME (Type or Print) (B) Wayne Richard Salvaty		a. (First) b. (Middle) c. (Last)	
4. SEX M	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH October 28 1953
FATHER OF CHILD			
7. FULL NAME a. (First) Charles		b. (Middle) Salvaty	
c. (Last) Salvaty		8. COLOR OR RACE Wh	
9. AGE (at time of this birth) 32 YEARS	10. BIRTHPLACE Guttenberg, N.J.	11a. USUAL OCCUPATION Watcher	11b. KIND OF BUSINESS OR INDUSTRY Choice Embroidery
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Dorothy		b. (Middle) White	
c. (Last) White		13. COLOR OR RACE Wh	
14. AGE (at time of this birth) 25 YEARS	15. BIRTHPLACE Elizabeth, N.J.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT Mother		a. How many OTHER children are now living? 3	b. How many OTHER children were born alive but are now dead? 0
18. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> (specify)		19. DATE SIGNED October 29 1953	
20. DATE REC'D BY LOCAL REG. NOV - 2 1953		21. DATE, ON WHICH GIVEN NAME ADDED BY (Registrar)	

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK

HOLD TO LIGHT TO VIEW WATERMARK

DATE ISSUED: September 16, 2011

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



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