

# THE CITY OF NEW YORK

## VITAL RECORDS CERTIFICATE

### CERTIFICATE OF BIRTH REGISTRATION

DATE FILED

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JUNE 21, 2011

### CERTIFICATE OF BIRTH

01:47 PM

CERTIFICATE NO. 156-11-053814

1. NAME OF CHILD <b>Nathanael Joseph Wijaya</b>		(First, Middle, Last)	
2. SEX <b>Male</b>	3a. NUMBER DELIVERED of this pregnancy <b>1</b>	4a. DATE OF CHILD'S BIRTH <b>June 19, 2011</b>	4b. Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
5. PLACE OF BIRTH <b>Queens</b>	5a. NEW YORK CITY BOROUGH	5b. Name of Hospital or other facility (if not facility, street address) <b>New York Hospital Medical Center of Queens</b>	
5c. TYPE <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other-specify: _____			
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F <b>Lisan Phang</b>		6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) <b>08 / 03 / 1985</b>	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country <b>Indonesia</b>
7. MOTHER/PARENT'S USUAL RESIDENCE a. State <b>NY</b> b. County <b>Queens</b>	7c. City or town <b>Elmhurst</b>	7d. Street and number <b>51-97 Codwise Place 2FI</b>	7e. Inside city limits of 7c? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <b>Makmur Wijaya</b>		8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) <b>01 / 31 / 1989</b>	8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country <b>Indonesia</b>
9a. NAME OF ATTENDANT AT DELIVERY <b>Eric Fok</b>		<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____ <input type="checkbox"/> No Correction History.	
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN Signed <u>Bee Ling</u> Signature Electronically Authenticated Name of Signer <b>Bee Ling</b> Address <b>56-45 Main Street Flushing, New York 11355</b> Date Signed <b>June 21</b> , Year - yyyy <b>2011</b>		<input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input checked="" type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____	
Mother/Parent's Current (First, Middle, Last) Legal Name <b>Lisan Phang</b> Address <b>51-97 Codwise Place</b> Apt. <b>2FI</b> City <b>Elmhurst</b> State <b>NY</b> ZIP <b>11373</b>		For Office Use Only	

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law. If the certificate contains any errors it is important to have them corrected as soon as possible. You may call (212) 788-4520 for information. Or, you may write to the Corrections Unit, Office of Vital Records, 125 Worth Street - CN4, New York, New York 10013. Forms and instructions are also available on the Department of Health and Mental Hygiene's Web site: [www.nyc.gov/vitalrecords](http://www.nyc.gov/vitalrecords)

MAYOR

COMMISSIONER OF HEALTH AND MENTAL HYGIENE

CITY REGISTRAR

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DATE ISSUED June 27, 2011



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





**KONSULAT JENDERAL REPUBLIK INDONESIA**

5 EAST 68<sup>TH</sup> STREET  
NEW YORK, N.Y. 10065  
(212) 879-0600

**SURAT KETERANGAN LAHIR**

Nomor: 008/SKL/Kons/I/2012

Konsulat Jenderal Republik Indonesia di New York dengan ini menerangkan bahwa berdasarkan akte kelahiran yang dikeluarkan oleh The City of New York - Department of Health No. 156-11-053814 tanggal 27 Juni 2011, telah lahir seorang anak:

N a m a : **Nathanael Joseph Wijaya**  
Jenis kelamin : Laki-laki  
Tempat & tanggal lahir : New York, New York, 19 Juni 2011

dari pasangan suami isteri

Nama ayah : Makmur Wijaya  
Warga Negara : Indonesia  
Pekerjaan : Karyawan

Nama ibu : Lisan Phang  
Warga Negara : Indonesia  
Pekerjaan : Ibu Rumah Tangga

Alamat di U.S.A. : 51-97 Codwise Place 2<sup>nd</sup> Floor  
Elmhurst, NY 11373

Demikian surat keterangan ini dibuat untuk dipergunakan sebagaimana mestinya.

New York, 5 Januari 2012  
A.n. Kepala Perwakilan R.I.



*Zahermann Muabezi*  
**Zahermann Muabezi**  
Konsul Konsuler