

# STATE OF NEW JERSEY

A0013406480

REG-16  
FEB 15

## New Jersey Department of Health CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER  
2017NJ000079964

1. NAME OF CHILD (First) RAMIA		(Middle) MAHZUBA	(Last) CHOWDHURY	(Suffix)
2a. DATE OF BIRTH (MM/DD/YYYY) 10/28/2017	2b. TIME OF BIRTH 06:56 AM	3. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> NOT YET DETERMINED	4a. PLURALITY <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> OTHER (specify)	4b. IF MULTIPLE BIRTH, BIRTH ORDER <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> OTHER (specify)
5a. PLACE OF BIRTH (Name of facility, if not institution, give Street Name and Number) HACKENSACK UNIVERSITY MEDICAL CENTER		5b. MUNICIPALITY OF BIRTH HACKENSACK CITY		5c. COUNTY OF BIRTH BERGEN
6. MOTHER'S MAIDEN NAME (First) (Middle) (Last) (Suffix) FOUZIA FAHMIN		7. MOTHER'S DATE OF BIRTH (MM/DD/YYYY) 08/20/1990		
8. MOTHER'S LEGAL NAME (First) (Middle) (Last) (Suffix) FOUZIA FAHMIN		9. MOTHER'S BIRTHPLACE (State or Foreign Country) BANGLADESH		
10a. MOTHER'S RESIDENCY ADDRESS (Number and Street Name) 33 DONALD STREET		10b. RESIDENCE-City, Township or Boro CLIFTON	10c. COUNTY PASSAIC	10d. STATE NEW JERSEY
10e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
11a. MOTHER'S MAILING ADDRESS-Number and Street/P.O. Box Number 33 DONALD STREET		11b. CITY OR TOWNSHIP CLIFTON	11c. STATE NEW JERSEY	11d. ZIP CODE 07011
12a. FATHER'S NAME (First) (Middle) (Last) (Suffix) FARZAD AHMED ZAMI		12b. FATHER'S DATE OF BIRTH (MM/DD/YYYY) 12/28/1982		12c. FATHER'S BIRTHPLACE (State or Foreign Country) BANGLADESH
13a. FATHER'S MAILING ADDRESS-Number and Street/P.O. Box Number 33 DONALD STREET		13b. CITY OR TOWNSHIP CLIFTON	13c. STATE NEW JERSEY	13d. ZIP CODE 07011
14a. NAME OF INFORMANT FOUZIA FAHMIN		14b. RELATIONSHIP TO CHILD MOTHER		
15a. CERTIFIER-Name and License Number Rosh! Kamal 25MA07006900		15b. TITLE 1 <input checked="" type="checkbox"/> MD 2 <input type="checkbox"/> DO 3 <input type="checkbox"/> CNM 4 <input type="checkbox"/> MIDWIFE 5 <input type="checkbox"/> OTHER (specify)		
15c. MAILING ADDRESS (No. & Street or P.O. Box, City/Town, State, Zip) 331 SUMMIT HACKENSACK NEW JERSEY 07601		15d. DATE CERTIFIED (MM/DD/YYYY) 10/29/2017		
16a. REGISTRAR-Name and Title MARTA JOVEL		16b. DATE RECEIVED 10/30/2017		

### Legal Amendments:

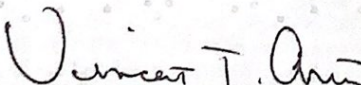
Amended Field(s)	Item as Originally Recorded on Record	Item as it now appears	Date Amended
Child's Name	RAMYA MAHZUBA CHOWDHURY	RAMIA MAHZUBA CHOWDHURY	12/13/2017

### ISSUED BY:

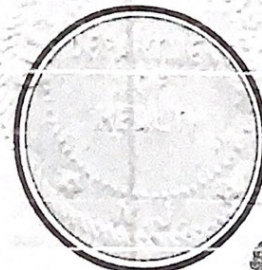
HACKENSACK CITY MUNICIPALITY (BERGEN COUNTY)  
IVANOVA M FERDINAND, ALTERNATE DEPUTY REGISTRAR

DATE ISSUED: 12/27/2017

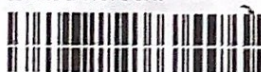
This is to certify that the above is correctly copied from a record on file in my office.  
Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

  
Vincent T. Arrisi

State Registrar  
Office of Vital Statistics and Registry



REG-42A  
JUN 14



THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NEW JERSEY WATERMARK HOLD A LIGHT TO VERIFY