STATE OF ILLINOIS
CERTIFICATE OF LIVE BIRTH WORKSHEET

CHILD	1.CHILD'S NAME (First, Middle, Last, Suffix) AAZER ABDULLAH SULTAN	2. TIME OF BIRTH 06:49 AM	3. SEX M	4. DATE OF BIRTH (Month, Day, Year) DECEMBER 27, 2020
	5. FACILITY NAME (If not institution, give street and number) NORTHWESTERN MEMORIAL HOSPITAL	6a. CITY OR TOWN (Location at Birth) CHICAGO	6b. ZIP CODE 60611	7. COUNTY OF BIRTH COOK

BIRTHING PARENT	8a. CURRENT LEGAL NAME (First, Middle, Last, Suffix) SALIHA AWAIS	8b. DATE OF BIRTH (Month/Day/Year) APRIL 21, 1983
	8c. NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last, Suffix) SALIHA REHMAN	8d. BIRTHPLACE (State, Territory, or Foreign Country) PAKISTAN

9a. STATE OF RESIDENCE ILLINOIS	9b. COUNTY DU PAGE	9c. CITY OR TOWN GLEN ELLYN

9d. STREET AND NUMBER 2S391 CHAUCER CT	9e. APT. NO.	9f. ZIP CODE 60137	9g. INSIDE CITY LIMITS? ☐ Yes ☒ No

CO-PARENT	10a.CO-PARENT'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) AWAIS SULTAN	10b. DATE OF BIRTH (Month/Day/Year) SEPTEMBER 21, 1978
	10c. CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last, Suffix) AWAIS SULTAN	10d. BIRTHPLACE (State, Territory, or Foreign Country) PAKISTAN

CERTIFIER	11. CERTIFIER'S NAME: (Type or Print) TIMOTHY S GARVEY TITLE: ☒ MD ☐ DO ☐ HOSPITAL ADMIN. ☐ CNM/CM ☐ OTHER MIDWIFE ☐ OTHER (Specify) _____	12. DATE CERTIFIED 12 / 28 / 2020 MM DD YYYY