


CERTIFICATION OF VITAL RECORD

COUNTY OF DALLAS TEXAS

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER

1. Child's Name First: IRSHITA Middle: AGARWAL Last: AGARWAL Suffix:		2. Date of Birth (mm/dd/yyyy) 10/08/2013	3. Sex FEMALE
4a. Place of Birth - County DALLAS		4b. City or Town (If outside city limits, give precinct no.) IRVING	5. Time of Birth 19:06
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Other (Specify):		6a. Plurality - Single, Twin, Triplet, etc. SINGLE	
6a. Attendant's Name, NPI, and Mailing Address SHELLEY B. RAMOS 6750 N MACARTHUR BLVD., SUITE 100 IRVING, TEXAS 75039		7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) LAS COLINAS MEDICAL CENTER	
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):		9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. DEA GIBSON 10/10/2013 Signature and Title Date Signed	
10. Mother's Name Prior to First Marriage First: ANITA Middle: SUREKA Last: SUREKA		11. Date of Birth (mm/dd/yyyy) 12/15/1984	12. Birthplace (State, Territory or Foreign Country) INDIA
13a. Residence - State TEXAS	13b. County DALLAS	13c. City, Town or Location IRVING	13d. Street Address or Rural Location 6314 N. MACARTHUR BLVD. # 2053
13e. Zip Code 75039	13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or:	
15. Father's Name First: SUJIT Middle: KUMAR Last: AGARWAL Suffix:		16. Date of Birth (mm/dd/yyyy) 11/08/1982	17. Birthplace (State, Territory or Foreign Country) INDIA
18a. Local File Number 0106563	18b. Date Received by Local Registrar 10/10/2013	18c. Signature of Local Registrar 	

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.

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JW197572

STATE OF TEXAS }
COUNTY OF DALLAS }

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CERTIFIED COPY OF VITAL RECORDS

I hereby certify that this Abstract of Birth/Death facts is recorded in this Office; or has been provided to this office by the Texas Department of State Health Services, from a document officially in their custody.

ISSUED

OCT 25 2013

Do not accept unless prepared on security paper with engraved border displaying the official seal and signatures of the issuing agency. Do not photocopy. Lamination may void certificate.


JOHN F. WARREN
County Clerk/Registrar
Dallas County, Texas

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

