

STATE OF NEW JERSEY

40004735052

STATE DEPARTMENT OF HEALTH OF NEW JERSEY

BIRTH No. 129-49-058018

1. Place of Birth
a. County: HUDSON
b. City (If outside corporate limits, write full name and give locality): JERSEY
c. State of Birth: NEW JERSEY

2. Child's Name
a. (First)
b. (Middle)
c. (Last)

3. Date of Birth
a. Year: 1949
b. Month: [redacted]
c. Day: [redacted]

4. Father of Child
a. Full Name: [redacted]
b. Address: 32 Cliffside, NJ
c. Occupation: Instrument Maker
d. Kind of Business or Industry: Bendix Aviation

5. Mother of Child
a. Full Name: [redacted]
b. Address: 29 Cliffside, NJ
c. Occupation: Mother

6. I hereby certify that this child was born alive on the date stated above at 6:47 A.M.

7. Date Recd by Local Health Officer: AUG 29 1949

8. Signature of Registrar: Joseph A. Komosinski
9. Date Signed: 8/24/49

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK

HOLD TO LIGHT TO VIEW WATERMARK

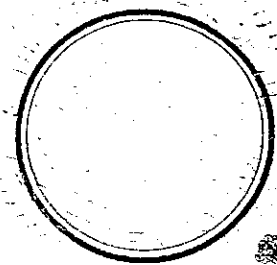
DATE ISSUED: March 24, 2009

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, State Registrar Bureau of Vital Statistics



REG-42A JULY 04

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

CERTIFICATE OF MARRIAGE

NEW JERSEY STATE DEPARTMENT OF HEALTH

3. Residence 1155 Brew Avenue Easton, New Jersey		4. Residence 1155 Brew Avenue Easton, New Jersey	
6. Date of Birth (Month, day and year)		5. Date of Birth (Month, day and year)	
7. Age (At time of this marriage) 22 Yrs.	8. Sing. <input checked="" type="checkbox"/> Div. <input type="checkbox"/> Wid. <input type="checkbox"/> Div. <input type="checkbox"/> (At time of this marriage)	9. No. Times Previously Married none	17. Age (At time of this marriage) 20 Yrs.
10. Color W	10. Color W		18. Sing. <input checked="" type="checkbox"/> Div. <input type="checkbox"/> Wid. <input type="checkbox"/> Div. <input type="checkbox"/> (At time of this marriage)
11. Occupation Route Salesman	11. Occupation None		20. Color W
12. Birthplace Red Bank, New Jersey	12. Birthplace Newark, New Jersey		21. Names of Former Husbands, if any
13. Father's Name	13. Father's Name		22. Birthplace
14. Mother's Name	14. Mother's Name		23. Father's Name
			24. Mother's Maiden Name

15. Name and Address of Minister or Officiant
Pastor, St. Catherine's E. Kensington

16. Signature and Address of Minister or Officiant
John B. Cook

17. Signature of person or officer of public authority, title and address
John B. Cook - pastor, St. Catherine's E. Kensington

18. Date filed by local Reg. 28. *Oct. 30, 1979*

19. Registrar's signature
Alma T. Regulow, Dep.

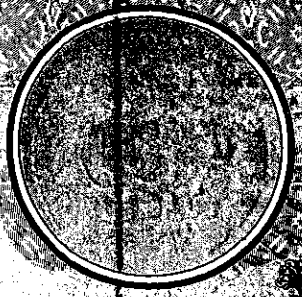
CORRECTED SEE ATTACHMENT

DATE ISSUED: July 20, 2011

New Jersey Department of Health and Senior Services
Bureau of Vital Statistics

I hereby certify that the above is correctly taken from a record on file in my office.
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Joseph A. Komosinski
Joseph A. Komosinski, State Registrar
Bureau of Vital Statistics



THIS DOCUMENT CONTAINS A UNIQUE STATE OF NEW JERSEY WATERMARK

HOLD TO LIGHT TO VIEW WATERMARK

STATE OF NEW JERSEY

New Jersey Department of Health and Senior Services
Vital Statistics, P.O. Box 370, Trenton, NJ 08625-0370

4000 63978725

State File Number

19520098583

REQUEST FOR CORRECTION OR ADDITION TO ORIGINAL RECORD OF BIRTH, MARRIAGE, CIVIL UNION, DOMESTIC PARTNERSHIP OR DEATH

Name(s) on Original Record

Check Box and Enter Date and Location in Space Provided

Birth Marriage Civil Union Domestic Partnership Death

[Redacted] PATERSON PASSAIC

(Month/Day/Year) (City or Township) (County)

Items Omitted or in Error As Item APPEARS NOW As Item SHOULD APPEAR

MOTHER'S MAIDEN NAME

Your Signature

Date

Signature of Witness

Date

Address

Address

(s)he has knowledge of the facts concerning this event and that all information shown in Section I is true and correct, being duly sworn, says that

Your Signature Age Relationship Signature of Witness Age Relationship

[Redacted] daughter/self [Redacted]

Address 86 Raphael Road Totowa, NJ

Subscribed and sworn to before me at Totowa, NJ this 13th day of May 2010

Signature Debra A. Andriani Official Title DEBRA A. ANDRIANI A Notary Public of New Jersey My Commission Expires 9/18/2011

Registrar, please list here the type of document seen, the date originally made and its custodian: VIEWED BIRTH RECORD FROM PATERSON NJ [Redacted]

NJVS BILG JUN 10 2010

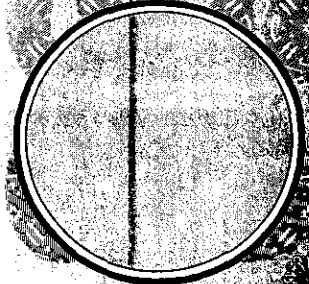
SEE ATTACHMENT

Issued on March 7, 2011 by the
State Department of Health and Senior Services
Office of Vital Statistics and Registry

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



REG-42A
JULY 04

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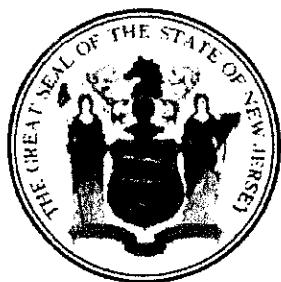
APOSTILLE

(CONVENTION DE LA HAYE DU 5 OCTOBRE 1961)

1. COUNTRY: UNITED STATES OF AMERICA
2. THIS PUBLIC DOCUMENT HAS BEEN SIGNED BY:
JOSEPH A KOMOSINSKI
3. ACTING IN THE CAPACITY OF:
STATE REGISTRAR
4. BEARS THE SEAL/STAMP OF:
STATE OF NEW JERSEY

CERTIFIED

5. AT TRENTON, NEW JERSEY
6. THE 15TH DAY OF NOVEMBER 2010
7. BY: Andrew P Sidamon-Eristoff
State Treasurer
8. NO: A410163
9. SEAL/STAMP:
10. SIGNATURE



A handwritten signature in black ink, appearing to be "A. Sidamon-Eristoff".

Certificate Number: 118729398

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp