

City of New York

Department of Health

Vital Records

### CERTIFICATE OF BIRTH REGISTRATION

Below is an exact copy of a certificate of Birth registered for your child. It is sent without charge. If the certificate contains any errors return this copy with the correct information to the Bureau of Vital Records, 125 Worth Street, New York, N.Y. 10013. You will be advised how to have the record corrected. It is important to do this at once

The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

Notice In issuing this transcript of the record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon as no inquiry as to the facts has been provided by law



*[Signature]*  
MAYOR

*[Signature]*  
COMMISSIONER OF HEALTH

*[Signature]*  
CITY REGISTRAR

DATE FILED

### CERTIFICATE OF BIRTH

55-92-9926

Birth No.

92 FEB -6 PM 2:12

Cert. No.

1 FULL NAME OF CHILD (Type or Print) First Name Middle Name Last Name <b>Christopher Kevin Siemaszko</b>	
2 SEX <b>Male</b>	3a. NUMBER OF CHILDREN born of the pregnancy <b>1</b> 3b. If more than one, number of this child in order of birth
4a. DATE OF CHILD'S BIRTH (Month) (Day) (Year) <b>January 23 1992</b>	
4b. Hour <b>11:58</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
5 PLACE OF BIRTH 5a. NEW YORK CITY BOROUGH OF <b>Staten Island</b>	5b. Name of Facility (if not in institution street address) <b>Staten Island University Hospital</b>
5c. TYPE OF PLACE <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Birthing Center <input type="checkbox"/> Other	
6a. MOTHER'S FULL MAIDEN NAME <b>Beata Lapinska</b>	6b. MOTHER'S DATE OF BIRTH (Month) (Day) (Year) <b>7 31 64</b>
6c. MOTHER'S BIRTHPLACE City & State or foreign country <b>Poland</b>	
7. MOTHER'S USUAL RESIDENCE a. State b. County <b>New York Richmond Staten Island</b>	7d. Street and house number <b>124 Vassar Street</b>
7e. Zip <b>10314</b>	
7f. Inside city limits of 7c? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8a. FATHER'S FULL NAME	8b. FATHER'S DATE OF BIRTH (Month) (Day) (Year)
8c. FATHER'S BIRTHPLACE City & State or foreign country	
9a. NAME OF ATTENDANT AT DELIVERY <b>Michael A. Gracco</b> M.D.	9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN Signed <i>[Signature]</i> Name of Signer <b>Michael A. Gracco</b> (Type or Print) Address <b>1984 Richmond Road, SI NY 10306</b> Date Signed <b>January 23 19 92</b>

BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

1. Date

Name **Ms Beata Lapinska C/o Siemaszko**

Address **124 Vassar Street**

**Staten Island NY** Zip Code **10314**

Print here the mailing address of mother. Copy of this certificate will be mailed to her when it is filed with the Department of Health.

TOTAL P.