MATCHING DC

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

REGISTRATION DISTRICT NO. 22.0

REGISTERED NUMBER

STATE OF ILLINOIS

CERTIFICATE OF LIVE BIRTH

CHILD'S BIRTH NUMBER 112-2003 214121

CHILD

CHILD'S NAME	FIRST	MIDDLE	LAST	DATE OF BIRTH (MONTH, DAY, YEAR)	TIME OF BIRTH
1.	ROMA	GAUTAM	PATEL	2. Dec. 7, 2003	03:54P M

SEX	CHILD'S BLOOD TYPE	CITY, TOWN, TWP., ROAD DIST. NO., OR LOCATION OF BIRTH	COUNTY OF BIRTH
Female	5. O POS	6. WINFIELD	7. DU PAGE

PLACE OF BIRTH	FACILITY NAME (IF NOT INSTITUTION, GIVE STREET AND NUMBER)
8. Hospital	9. CENTRAL DUPAGE HOSPITAL

CERTIFIER ATTENDANT

I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED. (SIGNATURE OPTIONAL)

10a. ▶

DATE SIGNED (MONTH, DAY, YEAR) 10b.

ILLINOIS LICENSE NUMBER 10c. 36-071458

ATTENDANT'S NAME AND TITLE (IF OTHER THAN CERTIFIER) (TYPE/PRINT) 11.

CERTIFIER'S NAME AND TITLE (TYPE/PRINT)

S BINETTE
M. D.

12.

ATTENDANT'S MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE)

471 W. ARMY TRAIL # 103
BLOOMINGDALE IL 60108

13.

LOCAL REGISTRAR'S 14. SIGNATURE ▶ Leland Lewis

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 15. DEC 15 2003

MOTHER

MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST)			DATE OF BIRTH (MONTH, DAY, YEAR)	BIRTHPLACE (STATE OR FOREIGN COUNTRY)
16. YOGESHWARI	AMRUTLAL	PATEL	17. 04/01/1975	18. INDIA

RESIDENCE-STREET AND NUMBER	CITY, TOWN, TWP., OR ROAD DIST. NO.	INSIDE CITY (YES/NO)
19a. 1215 SAMUEL COURT	19b. NAPERVILLE	19c. YES

COUNTY	STATE	MOTHER'S MAILING ADDRESS (IF SAME AS RESIDENCE, ENTER ZIP CODE ONLY)
19d. DU PAGE	19e. IL	19f. 60540

FATHER

FATHER'S NAME (FIRST, MIDDLE, LAST)			DATE OF BIRTH (MONTH, DAY, YEAR)	BIRTHPLACE (STATE OR FOREIGN COUNTRY)
20. GAUTAM	BABULAL	PATEL	21. 02/24/1971	22. INDIA

INFORMANT

I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

23. INFORMANT'S SIGNATURE (OPTIONAL) ▶ GBPatel

VR 100 REV 4/89

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(Based on 1989 U.S. Standard Certificate)

DATE ISSUED:
December 17, 2003

DuPage County Health Department

111 North County Farm Road
Wheaton, Illinois 60187

DU PAGE COUNTY HEALTH DEPARTMENT 22 LOCAL REGISTRAR

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Leland Lewis

Local Registrar

Not valid without the embossed seal of DuPage County Health Department