2

Recorded District	Register Number
0303	640

New York State Department of Health
CERTIFICATE OF LIVE BIRTH

Local Registrar Copy

CERTIFIED COPY JUNE 8, 2001
Betty J Austin
REGISTRAR, VILLAGE OF JOHNSON CITY

INFANT

1A. Name: First	Middle	Last	1B. Medical Record No.:	2A. Date of Birth:	2B. Hour:
Medha		Purushotham	4738273	May 17, 2001	04:23AM

3. Sex:	4A. Birth is:	4B. If Not Single, Birth is:	5. Place of Birth:
Female	Single		Hospital

6A. Facility Name:	6B. Locality:	6C. County of Birth:
UHSH Wilson Memorial	Village of Johnson City	Broome

MOTHER

7A. Maiden Name: First	Middle	Last	7B. Date of Birth:	7C. City and State of Birth: (Country, if not U.S.A.)	7D. Social Security No
Sujana		Gunda	07/08/1979	India	000-00-0000

8A. Residence, State:	8B. County:	8C. Locality:	8D. If City or Village, is Residence Within City or Village Limits? (If no, specify town:)
New York	Broome	Village of Johnson City	Yes

8E. Street and Number of Residence:	8F. Zip Code:
204 Hudson St Apt. 2 Fl	13790

8G. Mailing Address:	8H. Zip Code:	8I. Medical Record No.:
204 Hudson St Apt. 2 Fl Johnson City NY	13790	4733507

FATHER

9A. Name: First	Middle	Last	9B. Date of Birth:	9C. City and State of Birth: (Country, if not U.S.A.)	9D. Social Security No
Madhusudhan		Purushotham	06/08/1971	India	074-90-8792

ATTENDANT

10A. I certify that the stated information concerning this child is true to the best of my knowledge and belief.
Signature ▶ Sukanya Prasad

10B. Date Signed: Month 5 Day 23 Year 01

10C. Name of Certifier, if not Attendant:

10D. Attendant's Name: First	Middle	Last	Title:	10E. License Number:
Sukanya Prasad			M.D.	156502

10F. Attendant's Mailing Address:	10G. Zip Code:
30 Harrison St. Suite 155 Johnson City, NY	13790

11A. Signature of the Registrar:	11B. Date Filed: Month / Day / Year	11C. Information Added or Amended: By: / Reason:	11D. Date Amended: Month / Day / Year
▶ Betty J Austin	May 24 2001		

DOH-1963E (3/94)

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