

New York State Department of Health
CERTIFICATE OF LIVE BIRTH

State File Number

| |
|-------------------|
| Recorded District |
| Register Number |

form to issue your child a social security number? Yes No
 May the newspapers be furnished with notice of this birth? Yes No
 NOTE: If yes is checked there is a consent form signed by the mother in the hospital record.

| | | | | | | |
|-----------|--|-------------------------|--|--|---|---|
| INFANT | 1A. Name: <i>First Middle Last</i> Aditya Chandran | | | 1B. Medical Record No.: | 2A. Date of Birth: July 1, 2002 | 2B. Hour: 02:37AM |
| | 3. Sex: Male | 4A. Birth is: Single | 4B. If Not Single, Birth is: | 5. Place of Birth: Hospital | | |
| | 6A. Facility Name: Bellevue Hospital | | 6B. Locality: Town of Niskayuna | 6C. County of Birth: Schenectady | | |
| MOTHER | 7A. Maiden Name: <i>First Middle Last</i> Artha Vijayasree Voora | | 7B. Date of Birth: 04/25/1969 | 7C. City and State of Birth: India | | 7D. Social Security No.: |
| | 8A. Residence, State: New York | 8B. County: Warren | 8C. Locality: Town of Bolton (Bolton Landing) | | 8D. If City or Village, is Residence Within City or Village Limits? (If no, specify town): | |
| | 8E. Street and Number of Residence: | | 8F. Zip Code: 12814 | 8H. Zip Code: 12814 | 8I. Medical Record No.: 021513 | |
| FATHER | 9A. Name: <i>First Middle Last</i> V. Ravi Chandran | | 9B. Date of Birth: | 9C. City and State of Birth: (Country, if not U.S.A.) | | 9D. Social Security No.: |
| | 10A. I certify that the stated information concerning this child is true to the best of my knowledge and belief. | | | 10B. Date Signed: Month Day Year 9 1 02 | | 10C. Name of Certifier, if not Attendant: John Donhowe, M.D. |
| ATTENDANT | 10D. Attendant's Name: <i>First Middle Last</i> Susan Soni | | Title: M.D. | | 10E. License Number: 119401 | |
| | 10F. Attendant's Mailing Address: 1405 Fulton Avenue Schenectady, NY | | | 10G. Zip Code: 12309 | | |
| | 11A. Signature of the Registrar: <i>Aileen Kopke</i> | | 11B. Date Filed: Month Day Year 10 01 02 | | 11C. Information Added or Amended: By: Reason: | |

1-1963E (3/94)

UNAUTHORIZED COPY COPY COPY COPY UNAUTHORIZED

THIS IS TO CERTIFY THAT THIS
IS A TRUE COPY OF A RECORD
ON FILE IN THE OFFICE OF THE
REGISTRAR OF THE TOWN OF
NISKAYUNA, NEW YORK

DATED 8-16-2007

Aileen Kopke
REGISTRAR