

STATE OF CONNECTICUT
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

SFN 2008-07-10574

CHILD'S NAME
AIDEN BASIL BRINN NEWMAN

SEX
MALE

TIME OF BIRTH
05:19 PM

DATE OF BIRTH
APRIL 02, 2008

WEIGHT
4 LBS 11 OZS

BIRTHPLACE
STAMFORD HOSPITAL

CITY/TOWN
STAMFORD

COUNTY
FAIRFIELD

MOTHER'S NAME
GEORGIA ANN NEWMAN

MAIDEN SURNAME
NELSON

MOTHER'S DATE OF BIRTH
APRIL 10, 1969

MOTHER'S BIRTHPLACE
JAMAICA

MOTHER'S RESIDENCE
240 WARDWELL STREET APT 29, STAMFORD, CONNECTICUT 06902

FATHER'S NAME
SEAN EARLINGTON ALISTAIR NEWMAN

FATHER'S BIRTHPLACE
JAMAICA

FATHER'S DATE OF BIRTH
JUNE 12, 1973

CERTIFIER'S NAME
RICHARD R VISCARELLO M.D.

DATE CERTIFIED
APRIL 02, 2008

ADDRESS
1275 SUMMER ST SUITE 306, STAMFORD, CONNECTICUT 06905

REGISTERED BY
DONNA M LOGLISCI

TITLE
REGISTRAR

DATE REGISTERED
APRIL 15, 2008

CITY/TOWN
STAMFORD

I HEREBY CERTIFY THAT THIS IS A TRUE CERTIFICATE OF LIVE BIRTH ISSUED FROM THE OFFICIAL RECORDS ON FILE.

DATE ISSUED
JANUARY 27, 2010

PLACE OF ISSUANCE
STAMFORD

SIGNATURE OF ISSUING REGISTRAR:

This copy is not a legal document unless displaying raised seal and signature of Registrar



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