

CERTIFICATE OF BIRTH REGISTRATION

Certificate of Birth

63 AUG 15 PM 2:29

Certificate No. 156-63-125265

1. Full name of child (PRINT) Gordon James Eng
First name Gordon Middle name James Last name Eng

2. Sex Male

3. Number of children born of this pregnancy
4. If more than one, number of this child in order of birth

5. Date of child's birth (Month) (Day) (Year) July 6, 1963 5a. Hour 12:35 P.M.

6. PLACE OF BIRTH
(a) NEW YORK CITY; (b) Borough Manhattan
(c) Name of Hospital Manhattan General
(d) If not in hospital, street address No. Ave. St.
(e) If not in hospital, street address No. Ave. St.

7. USUAL RESIDENCE OF MOTHER
(a) State New York
(b) Co. Manhattan (c) Town Jackson Hgt.
(d) No. 30-40 72nd St.

8. Full name FATHER James Eng
9. Age at time of this birth 30 years
10. Birthplace (city or place and State, or country) Brooklyn N.Y.
11. Usual Occupation Electrical Engineer
12. Full maiden name MOTHER Rosa Tam Chui Ngo
13. Age at time of this birth 25 years
14. Birthplace (city or place and State, or country) Hong Kong, B.C.C.
15a. Total number of children BORN ALIVE PREVIOUS to this pregnancy None
15b. Number of children born PREVIOUS to this pregnancy and NOW LIVING None

I hereby certify that this child was born alive at the hour and on the date stated above, and that all the facts stated in this certificate and report of birth are true to the best of my knowledge, information and belief.

Date of Report July 6, 1963
Given name added from a supplemental report
(Date of)
Borough Registrar.

(Signed) Carlota Mendez M.D.
Name of Signer Carlota Mendez, M.D.
(Print or typewrite)
Address 304 E. 18 St., N.Y.C.

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.

Name Mrs James Eng
Address 30-40 72nd St. Apt.
City Jackson Hgt. Post Office Zone State N.Y.

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

Above is an exact copy of a certificate of birth registered, on the date indicated, in the Bureau of Records and Statistics of the Department of Health in the borough in which the birth occurred. It is sent, without charge, pursuant to the provisions of Section 567-3.0 of the Administrative Code of the City of New York.

If the certificate contains any errors, return this copy with the correct information to the Borough Registrar in the borough where the child was born. (See address below.) He will advise you how to proceed to have the record corrected. It is important to do this at once.

Robert F. Wagner, Jr. | George James, M.D. | Carl R. Erhardt, Jr.
MAYOR COMMISSIONER OF HEALTH DIRECTOR OF BUREAU

MANHATTAN: 125 NORTH STREET BROOKLYN: 295 FLATBUSH AVENUE EXTENSION
THE BRONX: 1826 ARTHUR AVENUE QUEENS: 90-37 PARSONS BOULEVARD, JAMAICA
RICHMOND: 51 STUYVESANT PLACE, ST. GEORGE, S.I.