



DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA
Certification of Birth Abroad

of a Citizen of the United States of America

This is to certify that according to records on file in this Office

ERNST CHARLES NORTH

Sex MALE was born at ATHENS, GREECE,

on NOVEMBER 19, 1973. Report of birth recorded on NOVEMBER 18,

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of the Consular Service of the United States
of America at ATHENS, GREECE,

this 18TH day of NOVEMBER 19 74.

(SEAL)


MICHAEL M. MAHONEY
VICE CONSUL

of the United States of America

WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the
office of issuance.

Reg-42
May 67



NEW JERSEY STATE DEPARTMENT OF HEALTH
TRENTON, N. J.

MAY 22, 1972
(Date)

BOOK K PAGE 554



THIS IS TO CERTIFY THAT THE FOLLOWING IS A TRUE COPY OF A RECORD FILED IN THIS DEPARTMENT
97191

A. Merton Daybolt

State Registrar of Vital Statistics

James F. Carson M.D.

State Commissioner of Health

WARNING: DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE
STATE DEPARTMENT OF HEALTH IS AFFIXED HEREON.

M5244

NEW JERSEY STATE DEPARTMENT OF HEALTH CERTIFICATE OF LIVE BIRTH		129 -		037580	
1. NAME OF CHILD (First) (Middle) (Last)		EDWARD JOSEPH NORTH III			
2a. DATE OF BIRTH	2b. Hour	3. Sex	4. This Birth	4b. If Twin or Triplet, this child born	
12 MAY 1971	10:22 p	M	Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
5. PLACE OF BIRTH		6. USUAL RESIDENCE OF MOTHER (If institution, residence before admission)			
a. County BURLINGTON		a. State N.J.		b. County BURLINGTON	
b. City (Check box and give name) Bo <input type="checkbox"/> Twp. <input type="checkbox"/> FORT DIX		c. City <input type="checkbox"/> Boro <input type="checkbox"/> Twp. <input type="checkbox"/> FORT DIX			
c. Name of Hospital or Institution (If not in hospital or institution give street address) US NAVAL ARMY HOSPITAL		d. Street Address (If rural, give P.O. Address) 967-1 KENNEDY COURTS			
7a. Mother's Marital Name		7b. Age	7c. State of Birth (If not in U.S.A. name country)		
JULIA WILSON		32	GERMANY		
7d. Name municipality within whose limits mother actually lives (not necessarily mailing address)					
FORT DIX, N.J.					
8a. Father's Name		8b. Age	8c. State of Birth (If not in U.S.A. name country)		
EDWARD JOSEPH NORTH JR.		35	NEW JERSEY		
9a. Informant's Name and Address		9b. Relation to Child			
JULIA WILSON NORTH 967-1 KENNEDY COURTS, FORT DIX, N.J.		MOTHER			
10a. I certify that child was born alive on the date stated above		10b. Date Signed		10c. ATTENDANT: PHYSICIAN <input checked="" type="checkbox"/> OTHER (Specify) <input type="checkbox"/>	
Signature <i>James A. Ketchum</i>		12 MAY 1971			
10d. Informant's Name (Type or Print)		10e. Mailing Address			
JULIA W. NORTH		US NAVAL ARMY HOSPITAL, FORT DIX, N.J.			
11a. Registrar's Signature		11b. Date Received by Local Registrar			
<i>Nathaniel W. Edwards</i>		11 MAY 1971			