

CERTIFICATE OF BIRTH REGISTRATION

Certificate of Birth

Certificate No. 7621

1. Full name of child (PRINT) 8		DONALD First name	JOHN Middle name	TRUMP Last name
2. Sex MALE	3. Color or Race WHITE	4. Number of children born of this pregnancy 1		5. If more than one, number of this child in order of birth
7. PLACE OF BIRTH (a) NEW YORK CITY: (b) Borough Queens		6. Date of child's birth (Month) June (Day) 14 (Year) 1946 (a) Hour 10:54 (b) A.M. <input checked="" type="checkbox"/> P.M.		
(c) Name of Hospital or Institution Jamaica Hospital		(a) State New York		
(d) Length of mother's stay at place of birth immediately prior to birth of child 10 hrs.		(b) Co. Queens (c) Post Office and Zone Jamaica		
9. Full name FATHER Fred C. Trump		14. Full maiden name MOTHER Mary MacLeod		
10. Color or race White	11. Age at time of this birth 49 (years)	15. Color or race White 14. Age at time of this birth 33 (years)		
12. Birthplace (City or place and State or country) NYC		17. Birthplace (City or place and State or country) Scotland		
13. Occupation A. Trade, profession, or particular kind of work done, as builder sawyer, bookkeeper, etc.		18. Occupation A. Trade, profession, or particular kind of work done, as Housewife typist, nurse, clerk, etc.		
B. Industry or business in which work was done, as own business sawmill, bank, etc.		B. Industry or business in which work was done, as Own home lawyer's office, silk mill, etc.		
19. Total number of children BORN ALIVE PREVIOUS to this pregnancy 3		19. Number of children born PREVIOUS to this pregnancy and NOW LIVING 3		

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.

Given name added from a supplemental report: _____ (Date of) _____
Assistant Registrar

(Signed) *Robert A. Egan* M.D., R.N.
Address *370 E. 57th St. P.O. Box 1116*
Date of Report *June 14, 1946*

BUREAU OF RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

Jamaica

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 Assistant Registrar of Records 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.

William O'Dwyer
MAYOR

Walter R. Pidgeon, Jr.
ACT'G REGISTRAR OF RECORDS

Israel Winter, M.D.
COMMISSIONER OF HEALTH

MANHATTAN: 125 North Street
THE BRONX: 1826 Arthur Avenue

BROOKLYN: 295 Flatbush Avenue Extension
QUEENS: 148-15 Archer Avenue, Jamaica

RICHMOND: 51 Stuyvesant Place, St. George, S.I.