

STATE OF NORTH CAROLINA
ORANGE COUNTY
OFFICE OF REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NC VITAL RECORDS
CERTIFICATE OF LIVE BIRTH



Registration District No. 06890 Local No. _____ BIRTH NO. - 132

1. CHILD'S NAME (First, Middle, Last) Kavin Rajkumar 2. DATE OF BIRTH (Month, Day, Year) November 26, 2007 3. TIME OF BIRTH 08:49 AM

4. SEX Male 5. CITY, TOWN, OR LOCATION OF BIRTH Chapel Hill 6. COUNTY OF BIRTH Orange

7. PLACE OF BIRTH: Hospital 8. FACILITY NAME (If not institution, give street and number) UNC Hospitals

9. FATHER'S NAME (First, Middle, Last) Rajkumar Rathinavelu 10. DATE OF BIRTH (Month, Day, Year) May 29, 1972 11. BIRTHPLACE (State or foreign country) India

12a. MOTHER'S MAIDEN NAME (First, Middle, Maiden) Vijayalakshmi 12b. MOTHER'S SURNAME Krishnaswamy 13. DATE OF BIRTH (Month, Day, Year) Jan. 2, 1977

14. BIRTHPLACE (State or foreign country) India 15a. USUAL RESIDENCE (STATE) North Carolina 15b. COUNTY Orange 15c. CITY, TOWN, OR LOCATION Carrboro

15d. STREET AND NUMBER 180 BPW Club Road Apt. H5 15e. ZIP CODE 27510 15f. INSIDE CITY LIMITS (Yes or No) Yes 16. MOTHER'S MAILING ADDRESS (If same as residence, enter "same") SAME

17a. MOTHER'S SIGNATURE: I certify that I have inspected this certificate. [Signature] 17b. RELATION TO CHILD IF MOTHER CANNOT SIGN _____ 17c. SOCIAL SECURITY NUMBER REQUESTED (Yes or No) Yes

18a. I certify that this child was born alive at the place and time and on the date stated. Signature [Signature] 18b. DATE SIGNED (Month, Day, Year) 11/27/07 19. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) Mamie R. McLean M.D.

20. CERTIFIER'S NAME & TITLE (Type/Print) Yvonne H. Mebane, HUC 21. ATTENDANT'S MAILING ADDRESS (Street & Number or Rural Route & Number, City, Town, Zip Code) UNC Hospitals Chapel Hill, NC 27514

22a. DATE REC'D BY LOCAL REG. Dec. 4, 2007 22b. SIGNATURE OF REGISTRAR [Signature] 23. DATE NAME ADDED _____ 24. DATE AMENDED _____

RACE 25a. COLOR OR RACE OF FATHER (Specify White, Black, American Indian, etc.) Asian Indian 25b. COLOR OR RACE OF MOTHER (Specify White, Black, American Indian, etc.) Asian Indian

STATE COPY
20071205200344160 BIRTH
BK:884 Pg:2312
12/05/2007 02:09:53 PM 1/1

This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

068-125272

Joyce H. Pearson
Register of Deeds
Orange County

Witness my hand and official seal
this the 5th day of December 2007

By: [Signature]
Deputy Assistant Register of Deeds

DHHS 3914 (REVISED 2006) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Vital Records seal clearly embossed in left corner.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





भारतीय राजदूतावास
वाशिंगटन, डी० सी०

EMBASSY OF INDIA
(CHANCERY)

2107 Massachusetts Ave., N.W.

Washington, D.C. 20008

Tel: (202) 939-7000 • Fax: (202) 265-4351

(CONSULAR WING)

2536, Massachusetts Ave., N.W.

Washington, D.C. 20008

Tel: (202) 939-9806 • Fax: (202) 387-6946

NO.WAS/CONS/4151/15/12/07

December 28, 2007

**Certificate of Entry of Birth of an Indian Citizen Born within the
Jurisdiction of The Embassy of India, Washington D.C.**

Serial Number : BR//15/12/07

When and where born : November 26,2007
Chapel Hill,NC, USA

Name : Kavin Rajkumar

Sex : Male

Father's Name & Nationality : Rajkumar Rathinavelu, Indian

Mother's Name & Nationality: : Vijayalakshmi Krishnaswamy,
Indian

Address in USA : 180, BPW Club, # H5
Carrboro, NC, 27510, USA

Details of the Childs Passport No.: G3654953

Date of Issue : December 27, 2007

When Registered : December 27, 2007



Ishwar Das

(Ishwar Das)
Assistant Consular Officer
Embassy of India
Washington, D.C.