

**THE CITY OF NEW YORK**  
 DEPARTMENT OF HEALTH  
 VITAL RECORDS  
 CERTIFICATION OF BIRTH

This is a certification of name and birth facts on file in the Bureau of Vital Records, Department of Health, City of New York.

DATE OF BIRTH	JUNE 14, 1946	CERTIFICATE NO.	07624
BOROUGH	QUEENS	DATE FILED	06-17-46
		DATE ISSUED	04-28-99
NAME	DONALD JOHN TRUMP ***		
SEX	MALE		
MOTHER'S MAIDEN NAME	MARY MAC LEOD		
FATHER'S NAME	FRED C. TRUMP		

*Steven P. Schwartz*

STEVEN P. SCHWARTZ  
CITY REGISTRAR

Do not accept this transcript unless it bears the raised seal of the Department of Health. The reproduction or alteration of this certification is prohibited by Section 3.21 of the New York City Health Code.



Transaction ID  
V03-0018703-1

**VitalChek Credit Card Receipt**  
VCN New York  
Credit Card Authorization Code: 801036

Date/Time Requested  
4/27/1999 @ 4:07 pm

Certificate Type:	<b>BIRTH</b>	Copies:	<b>1</b>
Name on Certificate:	<b>DONALD TRUMP</b>	Carrier:	<b>Federal Express</b>
		Daytime Telephone:	<b>(212)832-2000</b>
Date of Birth:	<b>6/14/1946</b>	Relation:	<b>SELF</b>
Place of Birth - Hospital:		Request Fee this Item:	<b>\$ 15.00</b>
Borough:	<b>Q</b>	Other State Fees this Item:	<b>\$ 0.00</b>
Father's Name:	<b>FRED TRUMP</b>	State	<b>Other</b>
Mother's Maiden Name:	<b>MARY MACLEOD</b>	Sex:	<b>M</b>
		VitalChek Fee	Carrier Fee
		Request Fee	State Fees
		Total Fee	
		<b>\$ 5.00</b>	<b>\$ 10.50</b>
		<b>\$ 15.00</b>	<b>\$ 0.00</b>
		<b>\$ 30.50</b>	

Ship To: **DONALD TRUMP**  
**TRUMP TOWERS**  
**725 5TH AVE - 26TH FL**  
**NEW YORK, NY 10022 (212)832-2000**