

1. Full name of child (PRINT) DONALD JOHN TRUMP
First name Middle name Last name2. 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 birth6. Date of child's birth (Month) (Day) (Year) 6. Hour (A.M. or P.M.)
June 14 1946 10:54 P.M.7. PLACE OF BIRTH (a) NEW YORK CITY: (b) Borough Queens
(c) Name of Hospital or Institution Jamaica Hospital
(If not in hospital or institution, give street and number.)
(d) Length of mother's stay at place of birth immediately prior to birth of child 10 hrs.8. USUAL RESIDENCE OF MOTHER: (a) State New York
(b) County Queens (c) Post Office and Zone Jamaica
(d) No. 85 15 Tareham Road St.
(e) Length of residence or stay in New York City immediately prior to birth of child 15 yrs.

9. Full name of FATHER Fred C. Trump

14. Full maiden name of MOTHER Mary MacLeod

10. Color or race of FATHER White 11. Age at time of this birth 40 years

15. Color or race of MOTHER White 16. 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 spinner, sawyer, bookkeeper, etc. Builder
(b) Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own business18. Occupation (a) Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
(b) Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

19. Total number of children BORN ALIVE PREVIOUS to this pregnancy 3

19b. Number of children born PREVIOUS to this pregnancy and NOW LIVING 3

I hereby certify that this child was born alive at the time and in 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 87 22 Sutphin Blvd
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
MAYOROtto R. Padua M.D.
ACT'G REGISTRAR OF RECORDSIsrael Weinstein 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.