

Seized from

541- 36th St

4/18/78

5'8" Wght - 140 lbs

132 lbs.

35 yrs.

ARMY - Discharge

PD 21V @ 15.00 3500.00

N.Y. ST. TEMP. LIC. 5.00

Soc. Sec. 58 37-1864-

Birth Cert. 200.00

Mar. W. C. 35

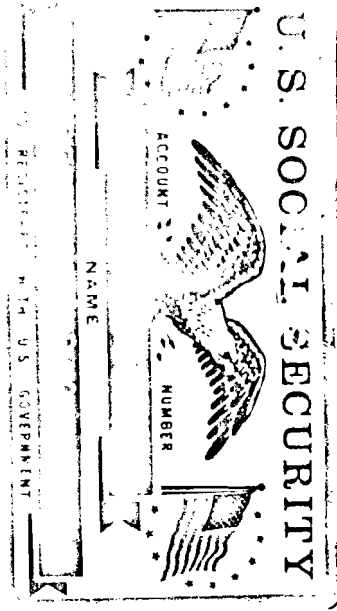
Fredrick Pagan 5-

Charles
hard writing

MV-148 (6/75) New York State - Department of Motor Vehicles

TEMPORARY LICENSE

Motorist Identification Number		Date of Birth	
SO 7942- 36415 9284- 39		7/23/39	
Name		Sex	
David Costa		M	
Street		Height	
511 West 186 Street		5/10	
City	State	ZIP	Eye Color
New York	N.Y.	10035	Brwn.
DO NOT WRITE BELOW THIS LINE		Signature	
Type of License	Fee Paid	NOT VALID UNTIL STAMPED HERE NEW YORK JUN 4 1977 D M V	
Operator	\$6		
Restrictions		EXPIRES 30 DAYS FROM ABOVE DATE	
None			
Enter reason for issuance and examiner's signature on the reverse.			



MV-148 (6/75) New York State - Department of Motor Vehicles
TEMPORARY LICENSE

Motorist Identification Number	<i>CO-51273-4250</i>	Date of Birth	<i>4/10/42</i>
Name	<i>FREDRICK PAGAN</i>	Sex	<i>Male</i>
Street	<i>42-13 Colden St</i>	Height	<i>5' 8"</i>
City	<i>FLUSH. New York</i>	State	<i>NY</i>
	<i>10035</i>	ZIP	<i>BRWN</i>
DO NOT WRITE BELOW THIS LINE		Signature	
Type of License	<i>Operator</i>	Fee Paid	<i>6⁰⁰</i>
Restrictions	<i>None</i>	NOT VALID UNTIL STAMPED HERE	
		NEW YORK	
		<i>MAY 10 1977</i>	
		<i>D.M.V.</i>	
		EXPIRES 30 DAYS FROM ABOVE DATE	

Enter reason for issuance and examiner's signature on the reverse.

This handwriting
↓
Carrete

STATE OF

LOUISIANA

Certificate of Birth

STATE FILE NO.

597-745639-97654

FULL NAME
OF CHILD

Fredrick Pagan

LOCAL FILE NO. 276497

SEX Male TWIN no OR no IF SO, BORN --- IS MOTHER Yes NO. MOS. OF 9 DATE OF BIRTH April 20 1942
TRIPLET --- MARRIED --- PREGNANCY

PLACE OF BIRTH:

COUNTY Baton Rouge
TOWNSHIP Baton Rouge
VILLAGE OR CITY Baton Rouge
NAME OF HOSPITAL
OR INSTITUTION Saint Claire Hospital

USUAL RESIDENCE OF MOTHER:

STATE Louisiana
COUNTY Baton Rouge
VILLAGE OR CITY Baton Rouge
MAILING ADDRESS #42 RFD Route 26

FATHER

FULL NAME Edward Pagan
COLOR W AGE AT TIME OF THIS BIRTH 36
BIRTHPLACE San Juan Puerto Rico U.S.
OCCUPATION Fisherman

MOTHER

Full Maiden NAME Alice Duval
COLOR W AGE AT TIME OF THIS BIRTH 30
BIRTHPLACE Baton Rouge Louisiana
OCCUPATION Housewife

AS REQUIRED BY LAW:

Have Eyes of Child been Treated with One and
One-half percent solution of
Silver Nitrate? YesWAS MOTHERS BLOOD TESTED FOR
SYPHILIS? YESDATE APR 20 42LOUISIANA
BIRTH

CERTIFIED

SIGNATURE J. C. Anderson M.D.
DATED 4/20/42J. C. Anderson M.D.
Physician, Midwife, Father, etc.ADDRESS 21 Rue. St. Camille B. RougeFILED 4/20/42 J. C. Anderson
RegistrarCarter's hand
writing

XXXX4. The United States Treasury will be requested to refund directly to you any passport fee submitted. According to law, the fee for the execution of the application cannot be refunded. (Please allow from six to eight weeks for the processing of your refund.)

Enclosure(s):

- Birth Certificate
- Baptismal Certificate
- Naturalization Certificate
- Photographs
- Other

ASCIONE MOTORS, INC.

1231 Kennedy Boulevard Tel. (201) 867-9130
NORTH BERGEN, N. J. 07047

Dept. -- 867-2644
& Parts -- 867-9377

F R E D R I C K P A G A N

- 1.- PASAPORTE ZONA DEL CANAL (completo, cuno foto, etc., etc.) 100
- 2.- DRIVER LICENSE DE NEW YORK (completa) 250-
- 3.- FE DE NACIMIENTO DEL CANAL (registrada) ✓
- 4.- SOCIAL SECURITY (no para trabajar) —
- 5.- FE DE BAPTISMO (completo) y registrado
- 6.- HONORABLE DISCHARGE (lo que se pueda) FIAMM

214 - noche

DOCUMENTOS PROCESADOS POR TI PERSONALMENTE

← Casetes hand
writing



[Faint handwritten notes and scribbles at the bottom left of the page.]

Al Rank
141 36th St
Greenbelt
(201) 866-9138

Billy
864050

Ford Marketing Corporation
Salaried Employee Identification

Name
D. M. COSTA

Soc. Sec. No.


156-26-7369

Signature

[Handwritten Signature]

DRIVER LICENSE

C6682 80745 03512

AUG 31 78  SEP 22 78

DAVID M COSTA


1107 72ND ST
NORTH BERGEN N.J.

MO	YEAR			FT.	INCHES	RESTRICT	
03	51	2	M	2	5	10	00
BIRTH DATE		EYES	SEX	HT	HEIGHT	IF ANY	FEE
							11.00

SIGN HERE *[Handwritten Signature]*

AMERICAN BANK NOTE CO
15-147A(R11/71) *[Handwritten Signature]* DIRECTOR

C6738 15674 10362

JUN 30 76  JUN 12 75

DAVID M COSTA
138 HURON DR
CHATHAM N.J.

10 36 2 M 3 6 00 00 4.00

DRIVER LICENSE NUMBER

C6738 15674 10362 JUN 76

REQUEST TO CHANGE
LS-147B (R7-74) DRIVER LICENSE

If the information on the attached license is incorrect or should change, please print the correct data only below and mail to the N.J. Division of Motor Vehicles.

NEW NAME _____

NEW STREET ADDRESS _____

NEW CITY, STATE, ZIP CODE _____

DATE OF BIRTH		EYES	SEX
MONTH	YEAR		
WEIGHT		HEIGHT	RESTRICTION
		FT.	INCHES