# THE CITY OF NEW YORK
## VITAL RECORDS CERTIFICATE

# CERTIFICATE OF BIRTH REGISTRATION

DATE FILED
SEPTEMBER 23, 2011
03:20 PM

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF BIRTH**

CERTIFICATE NO. **156-11-086829**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. NAME OF CHILD | (First, Middle, Last) **Zaire-Amir Jaylen Coke** | | | | | | |
| 2. SEX **Male** | 3a. NUMBER DELIVERED of this pregnancy **1** | 3b. If more than one, number of this child in order of delivery ******** | 4a. DATE OF CHILD'S BIRTH (Month) **September** | (Day) **16,** | (Year - yyyy) **2011** | 4b. Time **12:35** | ☒ AM ☐ PM |
| 5. PLACE OF BIRTH | 5a. NEW YORK CITY BOROUGH **Bronx** | 5b. Name of Hospital or other facility (if not facility, street address) **Jacobi Medical Center** | | | | | |

5c. TYPE OF PLACE: ☒ Hospital ☐ Freestanding Birthing Center ☐ Clinic/Doctor's Office ☐ Other-specify: ____ ☐ Home Delivery: Planned to deliver at home? ☐ Yes ☐ No ☐ Unknown

| | | | |
|---|---|---|---|
| 6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX ☐M ☒F | 6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) | 6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country | |
| **Michelle Monique Mussington** | **04 / 02 / 1991** | **Jamaica** | |
| 7. MOTHER/PARENT'S USUAL RESIDENCE a. State **NY** b. County **Bronx** | 7c. City or town **Bronx** | 7d. Street and number **3512 Laconia Avenue 2** Apt. No. | ZIP Code **10469** | 7e. Inside city limits of 7c? Yes ☐ No ☒ |
| 8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX ☒M ☐F | 8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) | 8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country | |
| **Lanchester Lloyd Coke** | **01 / 08 / 1991** | **Jamaica** | |

9a. NAME OF ATTENDANT AT DELIVERY: **Jennifer Trebbin** ☐ M.D. ☐ D.O. ☒ Lic. Midwife ☐ Other-Specify ☐ RPA ☐ R.N.

9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN ☐ M.D. ☐ D.O. ☒ Hosp. Admin. ☐ Lic. Midwife ☐ Other-Specify ☐ RPA ☐ R.N.

Signed *Ricardo Figueroa* (Signature Electronically Authenticated)

Name of Signer **Ricardo Figueroa** (Type or Print)

Address **1400 Pelham Parkway S Bronx, New York 10461**

Date Signed **September 22**, Year - yyyy **2011**

No Correction History.

For Office Use Only

Mother/Parent's Current Legal Name (First, Middle, Last): **Michelle Monique Mussington**

Address **3512 Laconia Avenue** Apt. **2**

City **Bronx** State **NY** ZIP **10469**

AMENDED SEPTEMBER 19, 2014

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law. If the certificate contains any errors it is important to have them corrected as soon as possible. You may call (212) 788-4520 for information. Or, you may write to the Corrections Unit, Office of Vital Records, 125 Worth Street - CN4, New York, New York 10013. Forms and instructions are also available on the Department of Health and Mental Hygiene's Web site: www.nyc.gov/vitalrecords

MAYOR — COMMISSIONER OF HEALTH AND MENTAL HYGIENE — CITY REGISTRAR

The City of New York

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

DATE ISSUED September 28, 2011

G 0 0 2 2 0 8 9 6

DEPARTMENT OF HEALTH AND MENTAL HYGIENE