CERTIFICATE OF BIRTH REGISTRATION

DATE FILED
MAY 20, 2008
01:22 AM

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

CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-08-044927

1. NAME OF CHILD	(First, Middle, Last) Gilly Gideon Zhang						
2. SEX	Male	3a. NUMBER DELIVERED of this pregnancy	1	4a. DATE OF CHILD'S BIRTH	(Month) April	(Day) 18	(Year - yyyy) 2008
		3b. If more than one, number of this child in order of delivery					4b. Time 08:55 ☒ AM ☐ PM
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH: Manhattan		5b. Name of Hospital or other facility (if not facility, street address): New York Weill Cornell 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'S MAIDEN NAME (Prior to first marriage) (First, Middle, Last)	Liyao Zhong		6b. MOTHER'S DATE OF BIRTH (Month) 08 (Day) 12 (Year - yyyy) 1974			6c. MOTHER'S BIRTHPLACE City & State or foreign country: Guang Dong, China	
7. MOTHER'S USUAL RESIDENCE a. State / b. County	Jamaica, West Indies	7c. City or town: Kingston 6	7d. Street and number: 8 Beverly Drive	Apt. No.	ZIP Code 99999	7e. Inside city limits of 7c? Yes ☐ No ☒	
8a. FATHER'S NAME (First, Middle, Last)	Xue Cheng Zhang		8b. FATHER'S DATE OF BIRTH (Month) 03 (Day) 15 (Year - yyyy) 1973			8c. FATHER'S BIRTHPLACE City and State or foreign country: Guang Dong, China	

9a. NAME OF ATTENDANT AT DELIVERY: Edward Mok
☒ M.D. ☐ D.O. ☐ C.N.M./C.M. ☐ Other Midwife ☐ R.N. ☐ Other-Specify

9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN
☐ M.D. ☐ D.O. ☒ Hosp. Admin. ☐ C.N.M./C.M. ☐ Other Midwife ☐ R.N. ☐ Other-Specify
Signed Maritza Serrano (Signature Electronically Authenticated)
Name of Signer Maritza Serrano (Type or Print)
Address 525 E 68th Street New York, New York 10065
Date Signed May 20, Year - yyyy 2008

No Correction History.

Mother's Current (First, Middle, Last) Legal Name: Liyao Zhang
Address: 1778 7th Street W Apt.
City: Brooklyn State: NY ZIP: 11223

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/health

MAYOR | COMMISSIONER OF HEALTH AND MENTAL HYGIENE | CITY REGISTRAR

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.21 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.

June 6, 2008

DOCUMENT No. F757775

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE