THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

DATE FILED
APRIL 13, 2012
03:20 PM

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

CERTIFICATE OF BIRTH

CERTIFICATE NO. **156-12-031192**

1. NAME OF CHILD (First, Middle, Last): Kourtney Gloria Barker

2. SEX: Female

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) (Day) (Year - yyyy): April 08, 2012

4b. Time: 04:14 ☒ AM ☐ PM

5. PLACE OF BIRTH
5a. NEW YORK CITY BOROUGH: Manhattan
5b. Name of Hospital or other facility (if not facility, street address): St. Luke's - Roosevelt Hospital Center (Roosevelt Hospital Division)

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

6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX _ M ☒ F: Sheena-Gaye Suckoo

6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy): 07 / 15 / 1990

6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country: Jamaica

7. MOTHER/PARENT'S USUAL RESIDENCE
a. State: NY
b. County: New York
7c. City or town: New York
7d. Street and number / Apt. No.: 236 W 135th Street 2D
ZIP Code: 10030
7e. Inside city limits of 7c? Yes ☒ No ☐

8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX ☒ M _ F: Ricky Claude Barker

8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy): 07 / 16 / 1977

8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country: Jamaica

9a. NAME OF ATTENDANT AT DELIVERY: Allegra Cummings
☒ 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: *Shonte N Howard*
Signature Electronically Authenticated

Name of Signer (Type or Print): Shonte N Howard

Address: 1000 Tenth Avenue New York, New York 10019

Date Signed: April 13, Year - yyyy 2012

Correction History: Changes approved for filing by the Commissioner of Health. Mother - Current Legal First Name- formerly Sheena Gay;Mother - Current Legal Last Name- formerly Suckoo;Mother - Maiden First Name- formerly Sheena Gay; approved by Deputy City Registrar K. Lee on Jul-25-2013; No further entry beyond this point.

Mother/Parent's Current Legal Name (First, Middle, Last): Sheena-Gaye Barker
Address: 236 W 135th Street Apt. 2D
City: New York State: NY ZIP: 10030

DATE ISSUED July 30, 2013

Steven P. Schwartz
Steven P. Schwartz, Ph.D., City Registrar

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE