VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH REGISTRATION

DATE FILED
SEPTEMBER 29, 2010
02:34 PM

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

CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-10-089147

1. NAME OF CHILD	(First, Middle, Last) Shiloh Mahalia Allen					
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) September (Day) 24, (Year - yyyy) 2010		4b. Time: 03:55 ☐ AM ☒ PM	
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH: Brooklyn	5b. Name of Hospital or other facility (if not facility, street address): Kings County Hospital				
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: Mahalia Syreeta Gayle	6b. MOTHER/PARENT'S DATE OF BIRTH (Month) 11 (Day) 30 (Year - yyyy) 1979	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country: Jamaica				
7. MOTHER/PARENT'S USUAL RESIDENCE a. State: NY b. County: Kings	7c. City or town: Brooklyn	7d. Street and number: 247 E 19th Street	Apt. No.	ZIP Code: 11226	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: ****				

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

9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN
☐ M.D. ☐ Other Midwife ☐ D.O. ☐ R.N. ☒ Hosp. Admin. ☐ C.N.M./C.M. ☐ Other-Specify
Signed Cynthia Baker (Signature Electronically Authenticated)
Name of Signer Cynthia Baker (Type or Print)
Address 451 Clarkson Avenue Brooklyn, New York 11203
Date Signed September 29, Year - yyyy 2010

No Correction History.

Mother/Parent's Current Legal Name: Mahalia Syreeta Gayle
Address: 247 E 19th Street Apt.
City: Brooklyn State: NY ZIP: 11226

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

The City of New York

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DATE ISSUED October 4, 2010

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