

CERTIFIED TRANSCRIPT OF BIRTH
STATE OF NEW YORK
DEPARTMENT OF HEALTH



L6009557

FULL NAME OF CHILD: **KIMANI MARIE SOLOMON**

SEX: Female

DATE OF BIRTH: **APRIL 8, 2010**

TIME OF BIRTH: **1:37** ☒ A.M. ☐ P.M.

PLACE OF BIRTH: **White Plains**, NEW YORK

MAIDEN NAME OF MOTHER: **ROSA A. MORALES**

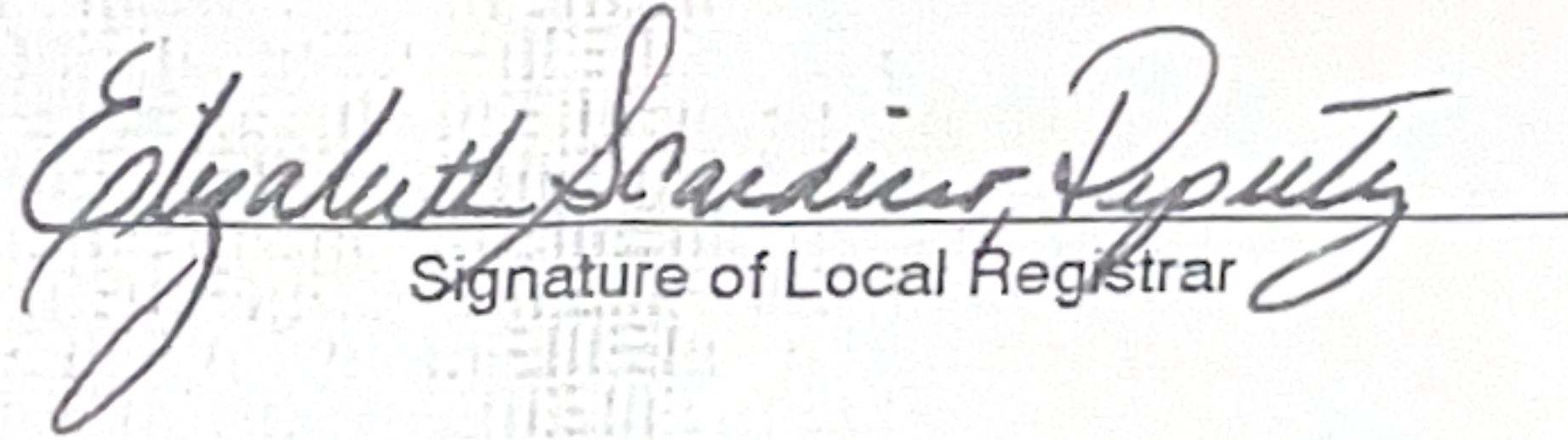
NAME OF FATHER: **ONYEBUCHI J. SOLOMON**

DATE FILED: **APRIL 27, 2010**

LOCAL REGISTRATION NO.: **525**

LOCAL DISTRICT NO.: **5902**

This is to certify that the information concerning the birth of the above named person is a true and accurate transcription of the information recorded on the original local certificate of birth on file with the local registrar of White Plains, New York.
Name of Locality


Signature of Local Registrar

Date February 29, 2016

Do not accept this transcript unless the raised seal of the issuing locality is affixed thereon.

Any Alteration Invalidates This Certificate
See Reverse Side For A List of Security Features Used In This Form

DOH-2673 (9/2002)

SEE REVERSE SIDE FOR LIST OF SECURITY FEATURES