THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DATE FILED
MARCH 09, 2010
09:43 AM

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

CERTIFICATE OF BIRTH

CERTIFICATE NO. **156-10-019718**

1. NAME OF CHILD	(First, Middle, Last) **Jayden Agustas Gregory**						
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) **March**	(Day) **03,**	(Year - yyyy) **2010**	4b. Time **03:00**	☐ AM ☒ PM
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH **Bronx**	5b. Name of Hospital or other facility (if not facility, street address) **North Central Bronx 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	6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country
Giselle Narissa George	**07 / 17 / 1988**	**Trinidad**

7. MOTHER/PARENT'S USUAL RESIDENCE a. State	b. County	7c. City or town	7d. Street and number	Apt. No.	ZIP Code	7e. Inside city limits of 7c?
NY	**Bronx**	**Bronx**	**680 E 224th Street 4A**		**10466**	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
Thomas Augustas Paul Gregory	**09 / 09 / 1976**	**Jamaica**

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

Danielle Marie Irizarry

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 *Joan Laing* (Signature Electronically Authenticated)

Name of Signer **Joan Laing** (Type or Print)

Address **3424 Kossuth Avenue Bronx, New York 10467**

Date Signed **March 09**, Year - yyyy **2010**

Correction History: Changes approved for filing by the Commissioner of Health. Father - First Name- formerly Andre; Father - Middle Name- formerly Anthonio; Father - Date of Birth- formerly MAY-25-1985; approved by Deputy City Registrar G. Rivas on Dec-19-2011; No further entry beyond this point.

Mother/Parent's Current Legal Name (First, Middle, Last) **Giselle Narissa Gregory**

Address **680 E 224th Street** Apt. **4A**

City **Bronx** State **NY** ZIP **10466**

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. 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.

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DATE ISSUED Dec 19, 2011

Steven P. Schwartz

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

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