

VITAL RECORDS CERTIFICATE

DATE FILED

MAY 28, 2009

02:50 PM

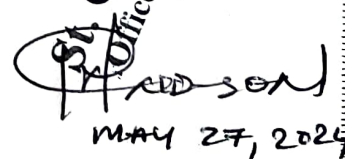
THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-09-047734

1. NAME OF CHILD Conrad Jaylen Brown Jr		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) May (Day) 15 (Year - yyyy) 2009	4b. Time ☒ AM 11:02 ☐ 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 ☐ Home Delivery: Planned to deliver at home? ☐ Yes ☒ No ☐ Unknown ☐ Other-specify: _____							
6a. MOTHER'S MAIDEN NAME (Prior to first marriage) (First, Middle, Last) Tracy-Ann Nicole Gray				6b. MOTHER'S DATE OF BIRTH (Month) 09 (Day) 11 (Year - yyyy) 1975		6c. MOTHER'S BIRTHPLACE City & State or foreign country Jamaica	
7. MOTHER'S USUAL RESIDENCE a. State NY b. County Kings		7c. City or town Brooklyn		7d. Street and number 1442 East 89th Street		Apt. No. _____	ZIP Code 11236
8a. FATHER'S NAME (First, Middle, Last) Conrad Brown Snr		8b. FATHER'S DATE OF BIRTH (Month) 10 (Day) 15 (Year - yyyy) 1967		8c. FATHER'S BIRTHPLACE City and State or foreign country Jamaica			
9a. NAME OF ATTENDANT AT DELIVERY Trinisha Williams				☐ 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 Signed <u><i>Cynthia Baker</i></u> Signature Electronically Authenticated Name of Signer <u>Cynthia Baker</u> (Type or Print) Address 451 Clarkson Avenue Brooklyn, New York 11203 Date Signed May 21 , Year - yyyy 2009				No Correction History.			
Mother's Current (First, Middle, Last) Legal Name Tracy-Ann Nicole Gray Address 1442 East 89th Street Apt. _____ City Brooklyn State NY ZIP 11236							

St George's College
 Office of the Lower School
 Vice Principal

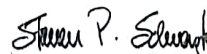

 MAY 27, 2009

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

July 9, 2009


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

