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	(First, Middle, Last) **Conrad Jaylen Brown Jnr**					
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 **11:02** ☒ 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'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**	7e. inside city limits of 7c? Yes ☒ No ☐
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**				

8a. 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
☐ 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 **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, 2024

The City of New York

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

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