Recorded District: 5904

Register Number: 29

New York State Department of Health

CERTIFICATE OF LIVE BIRTH.

State File Number: 131-2009-00001945

INFANT

1A. Name: First: Jaydon; Middle: Justin; Last: Batten

1B. Medical Record No.: 672325

2A. Date of Birth: January 06, 2009

2B. Hour: 11:09 AM

3. Sex: Male

4A. Birth Is: Single

4B. If Not Single, Birth Is:

5. Place of Birth: Hospital

6A. Facility Name: (Address, if Place of Birth is Other than Hospital / Birthing Center): Sound Shore Medical Ctr of Westchester

6B. Locality of Birth: City of New Rochelle

6C. County of Birth: Westchester

MOTHER

7A-1. Name: First: Michelle; Middle: Angela; Current Last Name: Batten

7A-2. Maiden Last Name: Ross

7B. Date of Birth: 05/04/1971

7C. City & State of Birth (Country, if not U.S.A.): Jamaica

8A. Residence, State: (Country, if not U.S.A.): New York

8B. County: (Terr. or Prov., if not USA): Westchester

8C. Locality: City of Mount Vernon

8D. Inside City/Village Limit?: Yes

8E. Street and Number of Residence: 402 Union Ave

8F. Zip Code: 10550

8G. Mailing Address: 402 Union Ave , Mount Vernon , NY

8H. Zip Code: 10550

8I. Medical Record No.: 471258

FATHER

9A. Name: First: Joseph; Middle: Sylvester; Last: Batten

9B. Date of Birth: 04/15/1969

9C. City & State of Birth (Country, if not U.S.A.): Jamaica

ATTENDANT

10A. I certify that the stated information concerning this child is true to the best of my knowledge and belief.

Signature ▶ [signature]

10B. Date Signed: Month: 1 Day: 13 Year: 2009

10C. Name of Certifier, If Not Attendant:

Title:

10D-1. NYS License Number: (Certifier)

10E. Attendant's Name: PALI ROZAEA LUCA

Title: M.D.

10F-1. NYS License Number: (Attendant) 222063

11A. Registrar Name: RITA A. COLANGELO

11B. Signature of the Registrar: ▶ Rita A. Colangelo Deputy

11C. Date Filed: Month: 01 Day: 20 Year: 2009

* 12. Information Added or Corrected:

Item No.	Date of Correction	Authorization	Original Information

DOH-1963E (03/2004)

SAFEGUARD. LITHO USA 5/07 L01SF006482M