THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH REGISTRATION

DATE FILED
JANUARY 20, 2012
02:39 PM

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

CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-12-003651

1. NAME OF CHILD (First, Middle, Last)	Jaeden Jabari Christopher Morgan						
2. SEX	Male	3a. NUMBER DELIVERED of this pregnancy	1	4a. DATE OF CHILD'S BIRTH	(Month) January	(Day) 14,	(Year - yyyy) 2012
		3b. If more than one, number of this child in order of delivery	****				4b. Time 07:04 ☒ 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 ☐ Home Delivery: Planned to deliver at home? ☐ Yes ☐ No ☐ Unknown
☐ Other-specify: _____

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
Anya Dionne Chambers	12 / 29 / 1979	Jamaica

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	Kings	Brooklyn	51 Argyle Road C5		11218	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
Waldin St.Clever Morgan	04 / 22 / 1969	Jamaica

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

9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN
☐ M.D. ☐ RPA ☐ D.O. ☐ R.N. ☒ Hosp. Admin. ☐ Lic. Midwife ☐ Other-Specify
Signed Genevieve Badroe (Signature Electronically Authenticated)
Name of Signer Genevieve Badroe (Type or Print)
Address 451 Clarkson Avenue Brooklyn, New York 11203
Date Signed January 20, Year - yyyy 2012

No Correction History.

Mother/Parent's Current (First, Middle, Last) Legal Name: Anya Dionne Chambers
Address: 51 Argyle Road Apt. C5
City: Brooklyn State: NY ZIP: 11218

Above is a Certificate of Birth Registration for your child, which is sent without charge. 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. If the certificate contains any errors it is important to have them corrected as soon as possible. You may call (212) 788-4520 for information. Or, you may write to the Corrections Unit, Office of Vital Records, 125 Worth Street - CN4, New York, New York 10013. Forms and instructions are also available on the Department of Health and Mental Hygiene's Web site: www.nyc.gov/vitalrecords

MAYOR | COMMISSIONER OF HEALTH AND MENTAL HYGIENE | CITY REGISTRAR

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DATE ISSUED January 25, 2012

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE