CERTIFICATE OF BIRTH REGISTRATION

DATE FILED
JUNE 01, 2011
05:13 PM

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

CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-11-047005

1. NAME OF CHILD (First, Middle, Last): Alliyah Kourtney Hanson

2. SEX: Female

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) 13, (Year - yyyy) 2011

4b. Time: ☒ AM 11:23 ☐ PM

5. PLACE OF BIRTH

5a. NEW YORK CITY BOROUGH: Queens

5b. Name of Hospital or other facility (if not facility, street address): Queens Hospital Center

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 X F: Georgia Marie Brown

6b. MOTHER/PARENT'S DATE OF BIRTH (Month) 11 / (Day) 04 / (Year - yyyy) 1972

6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country: Jamaica

7. MOTHER/PARENT'S USUAL RESIDENCE

a. State: NY

b. County: Queens

7c. City or town: Springfield Gardens

7d. Street and number: 148-15 231st Street 1st flr

Apt. No.:

ZIP Code: 11413

7e. Inside city limits of 7c? 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: ****

9a. NAME OF ATTENDANT AT DELIVERY: Felix Akinnawonu

☒ M.D. ☐ D.O. ☐ Lic. Midwife ☐ Other-Specify _____ ☐ RPA ☐ R.N.

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 Yvonne Toste
Signature Electronically Authenticated

Name of Signer Yvonne Toste (Type or Print)

Address 82-68 164th Street Jamaica, New York 11432

Date Signed June 01, Year - yyyy 2011

No Correction History

FOR OFFICE USE ONLY

Mother/Parent's Current Legal Name (First, Middle, Last): Georgia Marie Brown

Address 148-15 231st Street Apt. 1st flr

City Springfield Gardens State NY ZIP 11413

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

The City of New York

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DATE ISSUED June 7, 2011

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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