

Recorded District 2951
Register Number 3313

New York State Department of Health

CERTIFICATE OF LIVE BIRTH

State File Number:



131-2012-00060228

INFANT	1A. Name: <i>First</i> Tafari		<i>Middle</i> Karllye		<i>Last</i> Gordon	
	2A. Date of Birth: July 12, 2012		2B. Hour: 12:12 PM		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) North Shore University Hospital			
6B. Locality of Birth: Town of North Hempstead					6C. County of Birth: Nassau	

MOTHER	7A-1. Name: <i>First</i> Nikeeta		<i>Middle</i> Chelcia		<i>Current Last Name</i> Lewis	
	7A-2. Last Name on Birth Certificate: Lewis		7B. Date of Birth: 07/19/1986		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 U.S.A.) Queens	
	8C. Locality: City of New York (Springfield Gardens)					8D. Outside City/Village Limit?
	8E. Street and Number of Residence: 143-53 229th St					8F. Zip Code: 11413
	8G. Mailing Address: 143-53 229th St , Springfield Gardens , NY					8H. Zip Code: 11413

FATHER	9A-1. Name: <i>First</i>		<i>Middle</i>		<i>Current Last Name</i>	
	9A-2. Last Name on Birth Certificate:		9B. Date of Birth:		9C. City & State of Birth: (Country, if not U.S.A.)	

ATTENDANT	10A. I certify that the stated information concerning this child is true to the best of my knowledge and belief.				10B. Date Signed: 07 / 16 / 2012			
	10C. Name of Certifier, if Not Attendant: Teresa Lazar				Title: MD		10D-1. NYS License Number: (Certifier) 208403	
	10E. Attendant's Name: MUOIO VALERIE MASTROTA				Title: M.D.		10F-1. NYS License Number: (Attendant) 164162	
	11A. Registrar Name: LESLIE C. GROSS							
11B. Signature of the Registrar: [Signature]				11C. Date Filed: 7 / 31 / 12				

* 12. Information Added or Corrected:

Item No.	Date of Correction	Authorization	Original Information
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