

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DATE FILED

MAY 31, 2012
02:53 PM

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

CERTIFICATE OF BIRTH

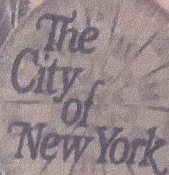
CERTIFICATE NO. 156-12-046108

1. NAME OF CHILD (First, Middle, Last) Shane Javid McFarlane-NyKin	
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) (Day) (Year - yyyy) May 14, 2012	
4b. Time ☒ AM ☐ PM 02:15	
5. PLACE OF BIRTH 5a. NEW YORK CITY BOROUGH Brooklyn	5b. Name of Hospital or other facility (if not facility, street address) University Hospital of Brooklyn at Long Island College 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 Nicole Iana McFarlane	
6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) 01 / 31 / 1973	
6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country New York, NY	
7. MOTHER/PARENT'S USUAL RESIDENCE a. State NY b. County Kings	7c. City or town Brooklyn
7d. Street and number Apt. No. ZIP Code 285 E 35th Street 6H 11203	
7e. Inside city limits of 7c? Yes ☒ No ☐	
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX ☒ M ☐ F Ashmeed NyKin	
8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) 06 / 01 / 1983	
8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country Trinidad And Tobago	
9a. NAME OF ATTENDANT AT DELIVERY Millicent Comrie ☒ 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 <u>Karen Credle</u> Signature Electronically Authenticated Name of Signer Karen Credle (Type or Print)	
Address 339 Hicks Street Brooklyn, New York 11201	
Date Signed May 21, Year - yyyy 2012	

Mother/Parent's Current (First, Middle, Last)
Legal Name **Nicole Iana McFarlane**
Address **285 E 35th Street** Apt. **6H**
City **Brooklyn** State **NY** ZIP **11203**

No Correction History

For Correction History



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.

No alteration or erasure of this transcript is permitted by § 319(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

DATE ISSUED June 5, 2012

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



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

