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	4a. DATE OF CHILD'S BIRTH (Month) (Day) (Year - yyyy)	May 14, 2012	4b. Time ☒ AM ☐ PM 02:15
		3b. If more than one, number of this child in order of delivery	****			
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 ☐ Other-specify: ____ ☐ Home Delivery: Planned to deliver at home? ☐ Yes ☐ No ☐ Unknown

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 / b. County	NY / Kings	7c. City or town	Brooklyn
7d. Street and number / Apt. No.	285 E 35th Street 6H	ZIP Code	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. ☐ 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 Karen Credle (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

No Correction History

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

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.

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DATE ISSUED June 5, 2012

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

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE