Ontario

e of the Registrar General
eau du registraire général

Print of a Record

Photocopie certifiée conforme d'un document

Ontario, Canada

se trouvant dans les dossiers du Bureau du registraire général (Ontario) Canada

Numéro du certificat : [illegible]

Date issued: Sep 21 2010
Date de délivrance :

File number: 10362132-01-3
Numéro de dossier :

Ontario Office of the Registrar General
P.O. Box 4600
189 Red River Road
Thunder Bay ON P7B 6L8

Statement of Live Birth

Form 2 *Vital Statistics Act* 1990

This is a copy of the permanent legal record created electronically.

SECTION A - CHILD'S INFORMATION

Surname (Last Name): Allen	Sex of Child: Male
First Name: Josiah	Middle Name(s): Kai
Birth Date: Year 2010 | Month 08 | Day 27	Name of hospital or exact location where birth occurred: THE SCARBOROUGH HOSPITAL - (GRACE SITE) BIRCHMOUNT CAMPUS
Place of Birth *(City, town, village, township - by name)*: TORONTO	*(Regional municipality, county or district)*: Toronto

SECTION B - MOTHER'S INFORMATION

Current Legal Surname (Last Name): HUMPHREY	
Legal Surname at Birth (Maiden Name): HUMPHREY	
First and Middle Names: KELESIA SAMANTHA	
Any Other Legal Surnames:	
Birthplace *(City/town/village)*: ALSTON	
Birthplace (Province/country): JAMAICA	Birth Date: 1987 | 03 | 08 — Age: 23
Mother's Occupation: EARLY CHILDHOOD EDUCATOR	Marital Status of Mother: ☒ Single ☐ Married ☐ Common Law ☐ Divorced ☐ Widowed

SECTION C - FATHER'S/OTHER PARENT'S INFORMATION

Current Legal Surname (Last Name): ALLEN	
First and Middle Names: GEORGE	
Legal Surname at Birth: ALLEN	
Any Other Legal Surnames:	
Birthplace *(City/town/village)*: VREED-EN-HOOP	
Birthplace (Province/country): GUYANA	Birth Date: 1971 | 08 | 01 — Age: 39

SECTION D - BIRTH INFORMATION

Mother's Residence: 14-3 DELANO PL SCARBOROUGH ONTARIO, CANADA	Postal Code: M1N1M3
Mother's Mailing Address *if different from above*:	Postal Code:

Duration of pregnancy *(in weeks)*: 41	**Total** number of children ever born to this mother including this birth: 1	Weight of child at birth: Grams_____ or 7 lb. 9 oz.	Kind of Birth: ☒ Single ☐ Twin ☐ Triplet ☐ Other	If multiple birth, this child was born
	Of this Total, Number born live: 1			
	Of this Total, Number stillborn: 0			

Name of Attendant at birth: STACY COSTA

☒ Physician ☐ Midwife ☐ Other, *specify:* _____

SECTION E - CERTIFICATION

Certification of whether the child's surname is not one of the parent's surnames or combination of those names, but is chosen in accordance with the child's cultural, ethnic, or religious heritage

☐ Cultural Heritage ☐ Religious Heritage ☐ Ethnic Heritage

Name(s) of person(s) who certified that the information provided for this registration is true and correct and that the person(s) was (were) aware that it is an offence to wilfully provide false information for this registration.	Certified electronically by: KELESIA HUMPHREY	Date Certified: Year 2010 | Month 08 | Day 30
Indication of whether or not all persons certifying this birth have agreed to the child's surname (last name). ☒ Yes ☐ No	Certified electronically by: GEORGE ALLEN	Date Certified: Year 2010 | Month 08 | Day 30

SECTION F - OFFICE USE ONLY

For office use only: UPDATED AS PER CORRESPONDENCE