CERTIFICATE OF BIRTH REGISTRATION

DATE FILED
JULY 11, 2013
11:45 AM

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

CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-13-058902

1. NAME OF CHILD	(First, Middle, Last) Khristian Victor Dawkins						
2. SEX	3a. NUMBER DELIVERED of this pregnancy: 1	4a. DATE OF CHILD'S BIRTH	(Month) July	(Day) 08,	(Year - yyyy) 2013	4b. Time ☒ AM	☐ PM
Male	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): Kings County 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	6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country
Silane Kamara Kamoke Dare	03 / 14 / 1984	Jamaica

7. MOTHER/PARENT'S USUAL RESIDENCE a. State	b. County	7c. City or town	7d. Street and number	Apt. No.	ZIP Code	7e. Inside city limits of 7c?
NY	Queens	Jamaica	178-41 146th Road		11434	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
Victor Dawkins	02 / 03 / 1983	Jamaica

9a. NAME OF ATTENDANT AT DELIVERY: Hilda Coste
☒ 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 Tishana King (Signature Electronically Authenticated)
Name of Signer Tishana King (Type or Print)
Address 451 Clarkson Avenue Brooklyn, New York 11203
Date Signed July 11, Year - yyyy 2013

Correction History: Changes approved for filing by the Commissioner of Health. Mother - Current Legal Middle Name- formerly Kamara-Kamone; Mother - Maiden Middle Name- formerly Kamara-Kamone; Father - Date of Birth- formerly MAR-02-1983; approved by Deputy City Registrar K. Lee on Aug-26-2013; No further entry beyond this point.

Mother/Parent's Current (First, Middle, Last)
Legal Name Silane Kamara Kamoke Dawkins
Address 178-41 146th Road Apt. ****
City Jamaica State NY ZIP 11434

FOR OFFICE USE ONLY

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 here, as no inquiry as to the facts has been provided by law. See reverse side for information on how to correct a birth record.

Este es el registro del certificado de nacimiento de su niño (a), se le ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Vea al lado reverso la información para corregir un certificado de nacimiento.

MAYOR — COMMISSIONER OF HEALTH AND MENTAL HYGIENE — CITY REGISTRAR

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DATE ISSUED August 28, 2013

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE