

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH REGISTRATION

DATE FILED

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

SEPTEMBER 21, 2011

CERTIFICATE OF BIRTH

04:28 PM

CERTIFICATE NO. 156-11-085814

1. NAME OF CHILD Lee-Andrea Nevaeh Marie Rogers	
2. SEX Female	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 September 10, 2011	
4b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 07:55	
5. PLACE OF BIRTH Brooklyn	5b. Name of Hospital or other facility (if not facility, street address) Kings County Hospital
5c. TYPE OF PLACE <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F Syndii Terri-Ann Maxime	
6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) 04 / 01 / 1982	
6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country Trinidad	
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 363 Kosciuszko Street 2 A 11221	
7e. Inside city limits of 7c? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F Colin Anthony Rogers	
8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) 09 / 19 / 1978	
8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country Guyana	
9a. NAME OF ATTENDANT AT DELIVERY Lorie Bartley <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____	
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN Signed <u>Cynthia Baker</u> Name of Signer <u>Cynthia Baker</u> Address <u>451 Clarkson Avenue Brooklyn, New York 11203</u> Date Signed <u>September 16</u> , Year - yyyy <u>2011</u> <input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input checked="" type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____	
Mother/Parent's Current (First, Middle, Last) Legal Name Syndii Terri-Ann Maxime Address 363 Kosciuszko Street Apt. 2 A City Brooklyn State NY ZIP 11221	

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 thereon, as no inquiry as to the facts has been provided by law. If the certificate contains any errors it is important to have them corrected as soon as possible. You may call (212) 788-4520 for information. Or, you may write to the Corrections Unit, Office of Vital Records, 125 Worth Street - CN4, New York, New York 10013. Forms and instructions are also available on the Department of Health and Mental Hygiene's Web site: www.nyc.gov/vitalrecords

Michael Bloomberg
MAYOR

Thomas F. Farley
COMMISSIONER OF HEALTH AND MENTAL HYGIENE

John P. Egan
CITY REGISTRAR

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DATE ISSUED September 26, 2011



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

