

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH REGISTRATION

DATE FILED

AUGUST 18, 2011
10:26 AM

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

CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-11-074121

1. NAME OF CHILD (First, Middle, Last) Nya S Rai Isotyn Nanton	
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 (Month) (Day) (Year - yyyy) August 07, 2011	
4b. Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 08:40	
5. PLACE OF BIRTH 5a. NEW YORK CITY BOROUGH Brooklyn	5b. Name of Hospital or other facility (if not facility, street address) New York Methodist 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 type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other specify: _____	
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F T Nasha Marvlyn La Roche	6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) 07 / 27 / 1982
6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country Trinidad And Tobago	
7. MOTHER/PARENT'S USUAL RESIDENCE a. State Trinidad b. County _____	7c. City or town Port of Spain
7d. Street and number Apt. No. ZIP Code LP 53 Gookool Street ****	
7e. Inside city limits of 7c? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input type="checkbox"/> M <input type="checkbox"/> F **** ****	8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) **** / ** / ****
8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country ****	
9a. NAME OF ATTENDANT AT DELIVERY Sanjeeva Velpula	9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN <input type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> R.N. <input type="checkbox"/> L.C. Midwife <input type="checkbox"/> Other Specify _____ <input checked="" type="checkbox"/> Hosp. Admn. <input type="checkbox"/> L.C. Midwife <input type="checkbox"/> Other Specify _____
Signed <u>Marcos Purcell</u> Signature Electronically Authenticated Name of Signer <u>Marcos Purcell</u> (Type or Print) Address <u>506 Sixth Street Brooklyn, New York 11215</u> Date Signed <u>August 18, Year - yyyy 2011</u>	
Mother/Parent's Current (First, Middle, Last) Legal Name T Nasha Marvlyn La Roche Address 691 E 58th Street Apt. **** City Brooklyn State NY ZIP 11234	

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

The City of New York

Michael Bloomberg
MAYOR

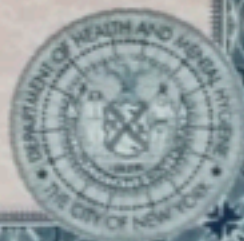
Thomas F. Kelly
COMMISSIONER OF HEALTH AND MENTAL HYGIENE

John P. Stenach
CITY REGISTRAR

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DATE ISSUED August 23, 2011



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE