

Apostille

(Convention de La Haye du 5 Octobre 1961)

1. Country: United States of America

This public document

2. has been signed by **Milton Adair Tingling**

3. acting in the capacity of **County Clerk**

4. bears the seal/stamp of the **county of New York**

Certified

5. at New York City, New York

6. the 21st day of July 2025

7. by Deputy Secretary of State for Business and Licensing Services, State of New York

8. No. [REDACTED]

9. Seal/Stamp

10. Signature



Whitney A. Clark

Whitney A. Clark

Deputy Secretary of State for Business and Licensing Services

State of New York }
County of New York } ss:

No. [REDACTED]

I, **Milton Adair Tingling**, Clerk of the County of New York, and Clerk of the Supreme Court in and for said county, the same being a court of record having a seal, **DO HEREBY CERTIFY THAT**

GRETCHEN VAN WYE

whose name is subscribed to the annexed original instrument has been commissioned and qualified as a **NOTIARY PUBLIC** and has filed his/her original signature in this office and that he/she was at the time of taking such proof or acknowledgment or oath duly authorized by the laws of the State of New York to take the same; that he/she is well acquainted with the handwriting of such public officer or has compared the signature on the certificate of proof or acknowledgment or oath with the original signature filed in his/her office by such public officer and he/she believes that the signature on the original instrument is genuine.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal this
21st day of July, 2025



Milton Adair Tingling
County Clerk, New York County

NEW YORK
COUNTY
COUNTY CLERK



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

EXEMPLIFICATION OF BIRTH OR DEATH RECORD

I, Gretchen Van Wye, the City Registrar of the Department of Health and Mental Hygiene of the City of New York, a department of the Municipal Corporation known as the City of New York, hereby certify that the foregoing transcript is a true copy of the original record currently on file with the Department of Health and Mental Hygiene of the City of New York, and that I am authorized to certify the said record in accordance with Section 17-102 (Sub b) of the Administrative Code of the City of New York.

The foregoing transcript is a true copy of said original record, identified as

☒ Birth ☐ Death

Certificate Number 156-10-112622 Year 2010

Borough of Manhattan

*In witness whereof I have hereunto set my hand and
caused the seal of the Board of Health of the Department
of Health and Mental Hygiene of the City of New York to be*

affixed this 25th *day of*

June *in the year*

2025



Gretchen Van Wye

Signature

COUNTY
CLERK

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DATE FILED **THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
DECEMBER 06, 2010
09:14 AM

CERTIFICATE OF BIRTH

CERTIFICATE NO. [REDACTED]

1. NAME OF CHILD (First, Middle, Last) [REDACTED]	
2. SEX Male	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) [REDACTED]	
4b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
5. PLACE OF BIRTH 5a. NEW YORK CITY BOROUGH Manhattan	5b. Name of Hospital or other facility (if not facility, street address) [REDACTED]
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"/> Other-specify: _____	
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F [REDACTED]	6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) [REDACTED]
6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country [REDACTED]	
7. MOTHER/PARENT'S USUAL RESIDENCE a. [REDACTED]	7c. City or town [REDACTED]
7d. Street and number [REDACTED]	7e. Inside city limits of 7c? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8a. FATHER/PARENT'S NAME (Prior to first marriage) [REDACTED]	8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) [REDACTED]
8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country [REDACTED]	
9a. NAME OF ATTENDING PHYSICIAN [REDACTED]	
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> Other Midwife <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> C.N.M./C.M. <input type="checkbox"/> Other-Specify _____ <input checked="" type="checkbox"/> Hosp. Admin. <input type="checkbox"/> C.N.M./C.M. <input type="checkbox"/> Other-Specify _____	
Signed <u>Winona Brown</u> Signature Electronically Authenticated Name of Signer <u>Winona Brown</u> (Type or Print) Address <u>1000 Tenth Avenue New York, New York 10019</u> Date Signed <u>December 06</u> Year - yyyy <u>2010</u>	
Mother/Parent's Current (First, Middle, Last) Legal Name [REDACTED] Address [REDACTED] City [REDACTED]	

No Correction History.

For Office Use Only

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.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §8.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

June 25, 2025

Gretchen Van Wye
 Gretchen Van Wye, PhD, City Registrar

