

CERTIFICATION OF VITAL RECORD

VIEW PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

STATE OF MARYLAND

Maryland Department of Health
Division of Vital Records

CERTIFICATE OF LIVE BIRTH

File No. 20240061739

1. CHILD'S NAME (First, Middle, Last Suffix) Kenzo Landen Payne			
2. TIME OF BIRTH 02:34 PM	3. SEX M	4. BIRTHWEIGHT 7 LBS 14 OZ	5. DATE OF BIRTH (Mo/Day/Yr) 12/25/2024
6a. FACILITY NAME (If not institution, street and number) Johns Hopkins Bayview Medical Center			
6b. CITY, TOWN OR LOCATION OF BIRTH Baltimore		6c. COUNTY OF BIRTH Baltimore City	
7a. ATTENDANT'S NAME JENNIFER ROBINSON		7b. ATTENDANT'S TITLE Physician (MD, Resident, Intern)	
7c. CERTIFIER'S NAME STACEY BROOME		7d. CERTIFIER'S TITLE Facility Registrar	
7e. I certify that the above named child was born alive at the place and time on the date stated above. Electronic signature on file		7f. DATE SIGNED 12/30/2024	
8a. PARENT'S LEGAL NAME AT TIME OF CHILD'S BIRTH Lashay Dyshawna Fuller			
8b. PARENT'S DATE OF BIRTH (Mo/Day/Yr) 08/04/1988		8c. PARENT'S BIRTHPLACE (State, Territory, or Foreign Country) New York	
8d. PARENT'S NAME PRIOR TO FIRST MARRIAGE Lashay Dyshawna Fuller			
9a. STREET AND NUMBER OF PARENT'S RESIDENCE 86 Benoni Cir		9b. APT. NO	9c. CITY, TOWN OR LOCATION Middle River
9d. STATE, TERRITORY, OR FOREIGN COUNTRY Maryland		9e. ZIP CODE 21220	9f. COUNTY Baltimore
10a. PARENT'S LEGAL NAME AT TIME OF CHILD'S BIRTH Kenneth Lawrence Payne Jr			
10b. PARENT'S DATE OF BIRTH (Mo/Day/Yr) 01/04/1993		10c. PARENT'S BIRTHPLACE (State, Territory, or Foreign Country) New York	
11a. REGISTRAR'S NAME AT FILING Crystal D. Weaver			11b. DATE FILED (Mo/Day/Yr) 12/30/2024
FOR OFFICE USE ONLY			

This is to certify that this is a true copy of the official record on file in the
Maryland Division of Vital Records.*Crystal D. Weaver*Crystal D. Weaver
State Registrar

January 15, 2025

Date Issued



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DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH SEAL
OF VITAL RECORDS CLEARLY EMBOSSED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE