010903501714/2011

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
17th February, 2011

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **PORT ANTONIO** 2. PARISH: **PORTLAND**

3. NO. **DA 8757** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL PORT ANTONIO**

5. Date of Birth: **EIGHTEENTH MAY, 2010** 6. Sex: **FEMALE**

7. Name of Child: **NYOKA XYDHAN THOMPSON *****

8. Physician or registered midwife in attendance: **NURSE B BURKE**

FATHER

9. Name and Surname: **HOPETON NORRIS THOMPSON *****

10. Age at time of birth: **32 YEARS** 11. Occupation: **FARMER**

12. Birthplace: **PORTLAND**

MOTHER

13. (a) Residence: **CAENWOOD**

(b) Town/Village: **HOPE BAY** (c) Parish: **PORTLAND**

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **GAVICIA EDWARDS *****

Maiden Name: **nil**

16. Age at time of birth: **25 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **PORTLAND**

INFORMANT(S)

19. Name and Surname: **GAVICIA EDWARDS *****

20. Qualification: **MOTHER**

21. (a) Residence: **CAENWOOD**

(b)Town/Village: **HOPE BAY**

(c) Parish: **PORTLAND**

nil

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:

23. Witness: **nil**

24. Date: **NINETEENTH MAY, 2010** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **nil**

27. Authority: **nil** 28. Date Added: **NIL**

****** AMENDMENTS ******

1: ***LINES 9-12 ADDED on Sixteenth February, 2011***

Last line of Vital Data

We aim to satisfy

Patricia P. Holness
Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE