010204384119/2014

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
11th February, 2014

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH: **KINGSTON**

3. NO. **AA 2490** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**

5. Date of Birth: **FOURTEENTH NOVEMBER, 2011** 6. Sex: **FEMALE**

7. Name of Child: **KAYALEE YASHEMABETH BAILEY *****

8. Physician or registered midwife in attendance: **DR GARG**

FATHER

9. Name and Surname: **********

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **12 DILLON AVENUE**

(b) Town/Village: **KINGSTON 5** (c) Parish: **ST. ANDREW**

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

15. Name and Surname: **VENESSA McQUINE MENDEZ *****

Maiden Name: **nil** 16. Age at time of birth: **21 YEARS**

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

INFORMANT(S)

19. Name and Surname:	**VENESSA McQUINE MENDEZ *** **	**nil**
20. Qualification:	**MOTHER**	**nil**
21. (a) Residence:	**12 DILLON AVENUE**	**nil**
(b)Town/Village:	**KINGSTON 5**	**nil**
(c) Parish:	**ST. ANDREW**	

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **FOURTEENTH NOVEMBER, 2011** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **nil**

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

Last line of Vital Data

We aim to satisfy

Deirdre English Gosse

Registrar General &

OUT OF MANY, ONE PEOPLE