

10206831028/2023

GOVERNMENT OF JAMAICA CERTIFICATION OF VITAL RECORD



Registrar General's Department

BIRTH REGISTRATION FORM

Date: **September, 2023**
in the district of: **MAY PEN**
HA 2666
Place of Birth: **PUBLIC GENERAL HOSPITAL MAY PEN**
Sex: **MALE**
Date of Birth: **ELEVENTH DECEMBER, 2008**
Name of Child: **ANTHONY JARDON *****

Physician or registered midwife in attendance: **NURSE S STEVENS-JONES**
FATHER

Name and Surname: **TREVOR ANTHONY REID *****
Age at time of birth: **43 YEARS**
Occupation: **TAXI OPERATOR**
Birthplace: **CLARENDON**
MOTHER

(a) Residence: **HALSE HALL**
(b) Town/Village: **MAY PEN**
(c) Parish: **CLARENDON**
No. of Children previously born to mother (a) Alive: **2**
(b) Still-born: **nil**

Name and Surname: **PATRICIA VERONICA TAYLOR *****
Maiden Name: **nil**
Age at time of birth: **24 YEARS**
Occupation: **HOMEDUTIES**
Birthplace: **CLARENDON**

INFORMANT(S)
Name and Surname: **TREVOR ANTHONY REID *****
PATRICIA VERONICA TAYLOR ***
Qualification: **FATHER**
MOTHER
(a) Residence: **1311 DIAMOND AVENUE MINERAL HEIGHTS**
(b) Town/Village: **MAY PEN**
(c) Parish: **CLARENDON**
HALSE HALL
MAY PEN
CLARENDON

REGISTRAR'S CERTIFICATE
22. (a) Signed in my presence by said informant:

Witness: **nil**
Date: **ELEVENTH DECEMBER, 2008**
Signed by Registrar
NAME IF ADDED AFTER REGISTRATION OF BIRTH

Name: **nil**
Authority: **nil**
Date Added: **NIL**

Last line of Vital Data

Charlton D. J. McFarlane

Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the Records

THIS CERTIFICATE IS NOT VALID UNLESS
BEARING SIGNATURE OF THE REGISTRAR GENERAL