

010905399753/2018

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:

28th May, 2018

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**
3. NO. **NZ 8405** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**
5. Date of Birth: **EIGHTH MAY, 2009** 6. Sex: **FEMALE**
7. Name of Child: **AKEELAH ASHELY SMITH *****

8. Physician or registered midwife in attendance: **NURSE J WILSON**
FATHER

9. Name and Surname: **AINSLEY ALLAN SMITH *****

10. Age at time of birth: **23 YEARS**

11. Occupation: **FARMER**

12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **HENDON NORWOOD**

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

(c) Parish: **ST. JAMES**

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

(b) Still-born: **nil**

15. Name and Surname: **SHANOY MARTIN *****

16. Age at time of birth: **17 YEARS**

Maiden Name: **nil**

17. Occupation: **HOME DUTIES**

18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname: **SHANOY MARTIN *****

nil

20. Qualification: **MOTHER**

nil

21. (a) Residence: **HENDON NORWOOD**

nil

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

nil

(c) Parish: **ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **EIGHTH MAY, 2009**

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 Twenty-First May, 2018**

Last line of Vital Data

*Deirdre English Gosse*Deirdre English Gosse
Registrar General &