010206268188/2021

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
10th November, 2021

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**

3. NO. **KA 8290** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**

5. Date of Birth: **TWENTY-FIRST JANUARY, 2010** 6. Sex: **MALE**

7. Name of Child: **COSMAR ORALANDO BIGGS *****

8. Physician or registered midwife in attendance: **NURSE S BLAKE**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

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

(b) Town/Village: **LACOVIA** (c) Parish: **ST. ELIZABETH**

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

15. Name and Surname: **DAMEEN AMOY WILLIAMS *****

Maiden Name: **nil** 16. Age at time of birth: **18 YEARS**

17. Occupation: **HOME DUTIES** 18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **DAMEEN AMOY WILLIAMS ***** **nil**

20. Qualification: **MOTHER** **nil**

21. (a) Residence: **SLIPE** **nil**

(b)Town/Village: **LACOVIA** **nil**

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

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SECOND JANUARY, 2010** **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

Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE OF THE RECORD OFFICIALLY REGISTERED IN THE REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

We aim to satisfy

Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING EMBOSSED SEALS AND SIGNATURE OF REGISTRAR GENERAL

A 9761883

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE