

10202953438/2009

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
6th June, 2009

1. BIRTH IN THE DISTRICT OF: **LINSTEAD**
 2. PARISH: **ST. CATHERINE**
 3. NO. **EC 3388**
 4. Place of Birth: **PUBLIC GENERAL HOSPITAL LINSTEAD**
 5. Date of Birth: **TWENTY-NINTH JANUARY, 2009**
 6. Sex: **MALE**
 7. Name of Child: **ROMEO ODANE LEWIS *****

8. Physician or registered midwife in attendance: **NURSE V GRANT-BRISSETT**
 FATHER

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

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

11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **7 4TH STREET**

(b) Town/Village: **LINSTEAD**

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

14. No. of Children previously born to mother (a) Alive: **5**

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

15. Name and Surname: **ANGELLA PORTER *****

16. Age at time of birth: **39 YEARS**

Maiden Name: **nil**

17. Occupation: **FARM WORKER**

18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **ANGELLA PORTER *****

nil

20. Qualification: **MOTHER**

nil

(a) Residence: **7 4TH STREET**

nil

(b) Town/Village: **LINSTEAD**

nil

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

UNKNOWN

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-NINTH JANUARY, 2009**

Signed by Registrar

Name if added after Registration of Birth

26. Name: **nil**

28. Date Added: **NIL**

27. Authority: **nil**

Last line of Vital Data

First Free Copy for children born
as of January 1, 2007 and registered
with a name at birth.
Initiative of GOJ - August 17, 2006

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

