

CERTIFICATION OF VITAL RECORD

Registrar General's Department - Jamaica

10203426774/2010

Issue Date:

10th November, 2010

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: KINGSTON		2. PARISH: KINGSTON	
3. NO. AA 9966		4. Place of Birth: VICTORIA JUBILEE HOSPITAL	
5. Date of Birth: EIGHTH JUNE, 2010		6. Sex: MALE	
7. Name of Child: TAIJAUN ESKIN KASHEEN ***			
8. Physician or registered midwife in attendance: NURSE B XIMINES			
9. Name and Surname: ESKIN SASHENKA PRYCE ***			
10. Age at time of birth: 20 YEARS			
11. Occupation: NIL			
12. Birthplace: KINGSTON			
13. (a) Residence: FREE TOWN			
(b) Town/Village: WOODFORD			
(c) Parish: ST. ANDREW			
14. No. of Children previously born to mother (a) Alive: nil			
(b) Still-born: nil			
15. Name and Surname: TASHEIKA ROSHELLE FENDER ***			
Maiden Name: nil			
16. Age at time of birth: 19 YEARS			
17. Occupation: NIL			
18. Birthplace: ST ANDREW			
INFORMANT (a)			
19. Name and Surname: TASHEIKA ROSHELLE FENDER ***			
ESKIN SASHENKA PRYCE ***			
20. Qualification: MOTHER			
FATHER			
21. (a) Residence: FREE TOWN			
CONTENT GAP			
(b) Town/Village: WOODFORD			
nil			
(c) Parish: ST. ANDREW			
ST. ANDREW			

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **EIGHTH JUNE, 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

First Free Copy for children born as of January 1, 2007 and registered with a name at birth.

Initiative of GOJ - August 17, 2006

A119585



This is a true and exact reproduction of the record officially registered in the Registrar General's Department of Jamaica.

Patricia P. Holmes
Registrar General &
Deputy Keeper of the Records



This copy not valid unless prepared on engraved border displaying embossed seal and signature of Registrar General.

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

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KINGSTON

2. PARISH: **KINGSTON**

3. NO. **AA 9966**

4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**

5. Date of Birth: **EIGHTH JUNE, 2010**

6. Sex: **MALE**

7. Name of Child: **TAIJAUN ESKIN KASHEEN *****

8. Physician or registered midwife in attendance:

NURSE B XIMINES

FATHER

9. Name and Surname: **ESKIN SASHENKA PRYCE *****

10. Age at time of birth: **20 YEARS**

11. Occupation: **NIL**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **FREE TOWN**

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

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

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

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

15. Name and Surname: **TASHEIKA ROSHELLE FENDER *****

Maiden Name: **nil**

16. Age at time of birth: **19 YEARS**

17. Occupation: **NIL**

18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname: **TASHEIKA ROSHELLE FENDER *****

ESKIN SASHENKA PRYCE ***

20. Qualification: **MOTHER**

FATHER

21. (a) Residence: **FREE TOWN**

CONTENT GAP

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

nil

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

ST. ANDREW

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MOTHER		
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(b) Town/Village: WOODFORD	(b) Still-born: nil	
14. No. of Children previously born to mother (a) Alive: nil		
15. Name and Surname: TASHEIKA ROSHELLE FENDER ***		16. Age at time of birth: 19 YEARS
Maiden Name: nil		
17. Occupation: NIL	18. Birthplace: ST ANDREW	
INFORMANT(S)		
19. Name and Surname: TASHEIKA ROSHELLE FENDER ***		ESKIN SASHENKA PRYCE ***
20. Qualification: MOTHER		FATHER
21. (a) Residence: FREE TOWN		CONTENT GAP
(b) Town/Village: WOODFORD		nil
(c) Parish: ST. ANDREW		ST. ANDREW

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