01020549794/2014 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
8th October, 2014

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: HALF WAY TREE 2. PARISH: ST. ANDREW
3. NO. BA 1149 4. Place of Birth: ANDREWS MEMORIAL HOSPITAL
5. Date of Birth: ELEVENTH JULY, 2007 6. Sex: MALE
7. Name of Child: PETER-JOHN GARFIELD ***
8. Physician or registered midwife in attendance: DR N WALTON

FATHER

9. Name and Surname: GARFIELD NALBERTO LYNCH ***
10. Age at time of birth: 31 YEARS 11. Occupation: TEACHER
12. Birthplace: ST ANDREW

MOTHER

13. (a) Residence: LOT 44 WHITE WATER MEADOWS
(b) Town/Village: SPANISH TOWN (c) Parish: ST. CATHERINE
14. No. of Children previously born to mother (a) Alive: nil (b) Still-born: nil
15. Name and Surname: AMY JOY LYNCH ***
Maiden Name: JOHNSON *** 16. Age at time of birth: 29 YEARS
17. Occupation: IMMIGRATION OFFICER 18. Birthplace: UGANDA

INFORMANT(S)

19. Name and Surname: AMY JOY LYNCH *** nil
20. Qualification: MOTHER nil
21. (a) Residence: LOT 44 WHITE WATER MEADOWS nil
(b)Town/Village: SPANISH TOWN nil
(c) Parish: ST. CATHERINE UNKNOWN

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:
23. Witness: nil
24. Date: TWELFTH JULY, 2007 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

We aim to satisfy

Deirdre English Gosse
Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE