10203253345/2010

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
1st May, 2010

1. BIRTH IN THE DISTRICT OF: **MOUNT SALEM** 2. PARISH: **ST. JAMES**

3. NO. **NZ 700** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **SIXTH NOVEMBER, 2009** 6. Sex: **FEMALE**

7. Name of Child: **NEISHA-KAYE TONY-ANN** ***

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

FATHER

9. Name and Surname: **TYRONE NICHOLAS MCLEOD** ***

10. Age at time of birth: **27 YEARS** 11. Occupation: **MASON**

12. Birthplace: **MANCHESTER**

MOTHER

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

(b) Town/Village: **WELCOME HALL** (c) Parish: **ST. JAMES**

14. No. of Children previously born to mother (a) Alive: **1** (b) Still-born: **nil**

15. Name and Surname: **NORINE ROSETTA DANIELS** ***

Maiden Name: **nil** 16. Age at time of birth: **22 YEARS**

17. Occupation: **HOMEDUTIES** 18. Birthplace: **ST JAMES**

INFORMANT(S)

19. Name and Surname:	TYRONE NICHOLAS MCLEOD ***	NORINE ROSETTA DANIELS ***
20. Qualification:	FATHER	MOTHER
21. (a) Residence:	SPRINGFIELD	SPRINGFIELD
(b)Town/Village:	WELCOME HALL	WELCOME HALL
(c) Parish:	ST. JAMES	ST. JAMES

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SEVENTH NOVEMBER, 2009** **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

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

We aim to satisfy

OUT OF MANY, ONE PEOPLE