010206111269/2021 CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
22nd April, 2021

1. BIRTH IN THE DISTRICT OF: **SPANISH TOWN**
2. PARISH: **ST. CATHERINE**
3. NO. **EA 3756**
4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPANISH TOWN**
5. Date of Birth: **FIFTH JANUARY, 2009**
6. Sex: **MALE**
7. Name of Child: **ANDRE ANTHONY SMITH *****
8. Physician or registered midwife in attendance: **NURSE A ARCHER**

FATHER

9. Name and Surname: **************
10. Age at time of birth: **nil**
11. Occupation: **nil**
12. Birthplace: **nil**

MOTHER

13. (a) Residence: **TROJA**
(b) Town/Village: **nil**
(c) Parish: **ST. CATHERINE**
14. No. of Children previously born to mother (a) Alive: **1**
(b) Still-born: **nil**
15. Name and Surname: **SHERINE LEANE WILLIAMS *****
Maiden Name: **nil**
16. Age at time of birth: **23 YEARS**
17. Occupation: **HOMEDUTIES**
18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname: **SHERINE LEANE WILLIAMS *****
20. Qualification: **MOTHER**
21. (a) Residence: **TROJA**
(b)Town/Village: **nil**
(c) Parish: **ST. CATHERINE**

nil
nil
nil
nil
UNKNOWN

REGISTRAR'S CERTIFICATE

22. (a) Signed in my presence by said informant:
23. Witness: **nil**
24. Date: **SIXTH JANUARY, 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

Charlton D. J. McFarlane

OUT OF MANY, ONE PEOPLE