010205059566/2016

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
15th November, 2016

1. BIRTH IN THE DISTRICT OF: **SPALDINGS** 2. PARISH: **MANCHESTER**

3. NO. **IAH 3061** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL SPALDINGS**

5. Date of Birth: **TWENTY-FOURTH SEPTEMBER, 2005** 6. Sex: **MALE**

7. Name of Child: **see line 26**

8. Physician or registered midwife in attendance: **NURSE W FULLERTON-REID**

FATHER

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

10. Age at time of birth: **nil** 11. Occupation: **nil**

12. Birthplace: **nil**

MOTHER

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

(b) Town/Village: **LORRIMERS** (c) Parish: **TRELAWNY**

14. No. of Children previously born to mother (a) Alive: **2** (b) Still-born: **nil**

15. Name and Surname: **JACYNTHIA POWELL *****

Maiden Name: **nil** 16. Age at time of birth: **31 YEARS**

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

INFORMANT(S)

19. Name and Surname: **nil** **nil**

20. Qualification: **nil** **nil**

21. (a) Residence: **nil** **nil**

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

(c) Parish:

REGISTRAR'S CERTIFICATE

22. (b) Entered by me from the particulars on a Certificate received from: **K GRIFFITHS**

FOR CHIEF RESIDENT OFFICER

23. Witness: **nil**

24. Date: **TWENTY-SEVENTH SEPTEMBER, 2005** **Signed by Registrar**

Name if added after Registration of Birth

26. Name: **TIMALEY ANTONIO JOHNSON *****

27. Authority: **CERTIFICATE OF NAMING** 28. Date Added: **SIXTH OCTOBER, 2005**

Last line of Vital Data

We aim to satisfy

Deirdre English Gosse

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE