010206068751/2021

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
8th February, 2021

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **BLACK RIVER** 2. PARISH: **ST. ELIZABETH**

3. NO. **KA 9268** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL BLACK RIVER**

5. Date of Birth: **TWENTY-FIFTH OCTOBER, 2010** 6. Sex: **FEMALE**

7. Name of Child: **TRICIA KIARA** ***

8. Physician or registered midwife in attendance: **NURSE G JOHN**

FATHER

9. Name and Surname: **KERRYLEE BRENEZA RICKETTS** ***

10. Age at time of birth: **32 YEARS** 11. Occupation: **PHYSICAL THERAPIST**

12. Birthplace: **ST ELIZABETH**

MOTHER

13. (a) Residence: **BAGDALE MOUNTAIN**

(b) Town/Village: **ABERDEEN** (c) Parish: **ST. ELIZABETH**

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

15. Name and Surname: **SAMANTHA DARRETT McTAGGART** ***

Maiden Name: **nil** 16. Age at time of birth: **18 YEARS**

17. Occupation: **HOME DUTIES** 18. Birthplace: **ST ELIZABETH**

INFORMANT(S)

19. Name and Surname:	**SAMANTHA DARRETT McTAGGART** ***	**KERRYLEE BRENEZA RICKETTS** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**BAGDALE MOUNTAIN**	**ABERDEEN**
(b)Town/Village:	**ABERDEEN**	**nil**
(c) Parish:	**ST. ELIZABETH**	**ST. ELIZABETH**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SIXTH OCTOBER, 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

We aim to satisfy

Charlton D. J. McFarlane

Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE