J202625201/2008

CERTIFICATION OF VITAL RECORD

# JAMAICA

## Registrar General's Department

**Issue Date:**
**11th June, 2008**

## BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **MAY PEN** 2. PARISH: **CLARENDON**

3. NO. **HA 707** 4. Place of Birth: **PUBLIC GENERAL HOSPITAL MAY PEN**

5. Date of Birth: **SIXTEENTH MARCH, 2008** 6. Sex: **MALE**

7. Name of Child: **DELLANO ORAL** ***

8. Physician or registered midwife in attendance: **NURSE N DAVIS**

FATHER

9. Name and Surname: **ORAL BASIL GRANT** ***

10. Age at time of birth: **30 YEARS** 11. Occupation: **TAXI OPERATOR**

12. Birthplace: **CLARENDON**

MOTHER

13. (a) Residence: **TERRIER TOWN**

(b) Town/Village: **DENBIGH** (c) Parish: **CLARENDON**

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

15. Name and Surname: **PRIMROSE ANN-MARIE GRAHAM** ***

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

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

INFORMANT(S)

| | | |
|---|---|---|
| 19. Name and Surname: | **ORAL BASIL GRANT** *** | **PRIMROSE ANN-MARIE GRAHAM** *** |
| 20. Qualification: | **FATHER** | **MOTHER** |
| 21. (a) Residence: | **TERRIER TOWN** | **TERRIER TOWN** |
| (b)Town/Village: | **DENBIGH** | **DENBIGH** |
| (c) Parish: | **CLARENDON** | **CLARENDON** |

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SIXTEENTH MARCH, 2008** **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***