0102053/98061/2018

CERTIFICATION OF VITAL RECORD

# JAMAICA

## Registrar General's Department

**Issue Date:**
**5th May, 2018**

## BIRTH REGISTRATION FORM

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

3. NO. **NZ 3527** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **SEVENTEENTH OCTOBER, 2012** 6. Sex: **MALE**

7. Name of Child: **TAZMAR TAVAUGHNIE JOHNSON *****

8. Physician or registered midwife in attendance: **DOCTOR D SCARLETT**

FATHER

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

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

12. Birthplace: **nil**

MOTHER

13. (a) Residence: **MOUNT ZION**

(b) Town/Village: **LITTLE RIVER** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **NICKEISHA SMITH *****

Maiden Name: **nil**

16. Age at time of birth: **23 YEARS**

17. Occupation: **HOME DUTIES** 18. Birthplace: **WESTMORELAND**

INFORMANT(S)

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

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

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

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

(c) Parish: **ST. JAMES**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **SEVENTEENTH OCTOBER, 2012** **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

Registrar General's Department

THIS CERTIFICATE NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING EMBOSSED SEALS AND SIGNATURE OF REGISTRAR GENERAL

Deirdre English Gosse
Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE OF THE RECORD OFFICIALLY REGISTERED IN THE REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 8710090

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE