080202499473/2012

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

Issue Date:
15th May, 2012

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**

3. NO. **BA 4999** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**

5. Date of Birth: **TWENTY-FOURTH MARCH, 2012** 6. Sex: **FEMALE**

7. Name of Child: **ZURI LESEDI** ***

8. Physician or registered midwife in attendance: **DR D WALCOTT**

FATHER

9. Name and Surname: **CLEON FAREL EWERS** ***

10. Age at time of birth: **31 YEARS** 11. Occupation: **VIDEOGRAPHER**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **LOT 52 ELTHAM ACRES**

(b) Town/Village: **SPANISH TOWN** (c) Parish: **ST. CATHERINE**

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

15. Name and Surname: **DEBBIE-ANN ALEXIE REID** ***

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

17. Occupation: **CORPORATE SERVICE ASSISTANT** 18. Birthplace: **ST CATHERINE**

INFORMANT(S)

19. Name and Surname:	**DEBBIE-ANN ALEXIE REID** ***	**CLEON FAREL EWERS** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**LOT 52 ELTHAM ACRES**	**49D RED HILLS ROAD**
(b)Town/Village:	**SPANISH TOWN**	**KINGSTON 10**
(c) Parish:	**ST. CATHERINE**	**ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FOURTH MARCH, 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

Yvette Scott

for Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE

We aim to satisfy

Registrar General's Department

OUT OF MANY, ONE PEOPLE