080202918204/2020

CERTIFICATION OF VITAL RECORD

# JAMAICA

## Registrar General's Department

Issue Date:
21st August, 2020

## BIRTH REGISTRATION FORM

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

3. NO: **BA 5322** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**

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

7. Name of Child: **BRIANNA ALICIA** ***

8. Physician or registered midwife in attendance: **DR M WILLIAMS**

FATHER

9. Name and Surname: **ANDREW PATRICK IRVING** ***

10. Age at time of birth: **36 YEARS** 11. Occupation: **ELECTRICAL ENGINEER**

12. Birthplace: **ST CATHERINE**

MOTHER

13. (a) Residence: **BUSHY PARK**

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

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

15. Name and Surname: **TANECIA ALICIA CABALLERO** ***

Maiden Name: **nil**

16. Age at time of birth: **26 YEARS**

17. Occupation: **SALES AND ADMINISTRATIVE MANAGER** 18. Birthplace: **ST CATHERINE**

INFORMANT(S)

| | | |
|---|---|---|
| 19. Name and Surname: | **ANDREW PATRICK IRVING** *** | **TANECIA ALICIA CABALLERO** *** |
| 20. Qualification: | **FATHER** | **MOTHER** |
| 21. (a) Residence: | **LOT 372 PALM CIRCLE MAGIL PALM** | **BUSHY PARK** |
| (b)Town/Village: | **SPANISH TOWN** | **nil** |
| (c) Parish: | **ST. CATHERINE** | **ST. CATHERINE** |

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-FIFTH SEPTEMBER, 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

istrar General's Department

Charlton D. J. McFarlane
Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTE