STATE OF FLORIDA

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OFFICE of VITAL STATISTICS

# CERTIFICATION OF BIRTH

STATE FILE NUMBER: **109-2012-056362** DATE FILED: **April 11, 2012**

**CHILD'S INFORMATION**

NAME: **JAMES-PRESTON ANTHONY SINCLAIR**

DATE OF BIRTH: **April 10, 2012** TIME OF BIRTH (24 HOUR): **1050**

SEX: **MALE** BIRTH WEIGHT: **8** LBS **4** OZ

PLACE OF BIRTH: **HOSPITAL**
**PLANTATION GENERAL HOSPITAL**

CITY, COUNTY OF BIRTH: **PLANTATION, BROWARD COUNTY**

**MOTHER'S INFORMATION**

MAIDEN NAME: **PATRICE NICHELLE SMITH**

DATE OF BIRTH: **September 14, 1979**

BIRTHPLACE: **FLORIDA, UNITED STATES**

**FATHER'S INFORMATION**

NAME: **ZAVIA ANTHONY SINCLAIR**

DATE OF BIRTH: **February 15, 1978**

BIRTHPLACE: **JAMAICA**

DR. MOINA SPENCER
B.Sc., M.B.B.S.
MCJ Reg# 93615

Orgnal copy seen #93615
Dr Moina Spencer

DATE ISSUED: **April 25, 2012**

, State Registrar

REQ: **2012689494**

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

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DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF HEALTH