

080202242537/2009

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
13th February, 2009

1 BIRTH IN THE DISTRICT OF **HALF WAY TREE** 2 PARISH: **ST. ANDREW**
 3 N.O. **BA 2298** 4 Place of Birth **ANDREWS MEMORIAL HOSPITAL**
 5 Date of Birth **THIRTIETH AUGUST, 2008** 6 Sex **FEMALE**
 7 Name of Child **MARIBELLE *****

8 Physician or registered midwife in attendance **DR C RATTRAY**9 Name and Surname **BASSILIOS GEORGES HADO *****

FATHER

10 Age at time of birth **33 YEARS**11 Occupation **MANAGING DIRECTOR**12 Birthplace **LEBANON**

MOTHER

13 (a) Residence **7 HILLCREST AVENUE**(b) Town/Village **KINGSTON 6**(c) Parish **ST. ANDREW**14 No. of Children previously born to mother (a) Alive **1**(b) Still born **nil**15 Name and Surname **NANCY HADO *****Maiden Name **JOLAK *****16 Age at time of birth **27 YEARS**17 Occupation **HOUSEWIFE**18 Birthplace **LEBANON**

INFORMANT(S)

19 Name and Surname **BASSILIOS GEORGES HADO *****

nil

20 Qualification **FATHER**

nil

21 (a) Residence **7 HILLCREST AVENUE**

nil

(b) Town/Village **KINGSTON 6**

nil

(c) Parish **ST. ANDREW**

REGISTRAR'S CERTIFICATE

22 (a) Signed in my presence by said informant

23 Witness **nil**24 Date **FIRST SEPTEMBER, 2008**

Signed by Registrar

Name if added after Registration of Birth

25 Name **nil**26 Address **nil**27 Date Added **NIL**

Last line of Vital Data



Patricia P. Holmes

Registrar General or
Deputy Keeper of the RecordsTHIS IS A CERTIFICATE
ALL THE NATURAL BIRTHS REGISTERED IN THE
REGISTRATION OF BIRTHS DEPARTMENT OF JAMAICA

A 1752444

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

RECEIVED

17 JUL 2009

