010205139559/2017

CERTIFICATION OF VITAL RECORD

# JAMAICA

## Registrar General's Department

**Issue Date:**
**16th March, 2017**

## BIRTH REGISTRATION FORM

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

3. NO. **NZ 5448** 4. Place of Birth: **CORNWALL REGIONAL HOSPITAL**

5. Date of Birth: **TWENTY-THIRD MARCH, 2013** 6. Sex: **MALE**

7. Name of Child: **JAHEEM ANTHONY** ***

8. Physician or registered midwife in attendance: **NURSE Y PETERKIN-BIGBY**

FATHER

9. Name and Surname: **JUNIOR ANTHONY SHAW** ***

10. Age at time of birth: **24 YEARS** 11. Occupation: **AUTO MECHANIC**

12. Birthplace: **ST JAMES**

MOTHER

13. (a) Residence: **PIGGOTT STREET**

(b) Town/Village: **MOUNT SALEM** (c) Parish: **ST. JAMES**

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

15. Name and Surname: **CAMILE SHANIQUE MITCHELL** ***

Maiden Name: **nil** 16. Age at time of birth: **24 YEARS**

17. Occupation: **HOME DUTIES** 18. Birthplace: **ST JAMES**

INFORMANT(S)

| | | |
|---|---|---|
| 19. Name and Surname: | **JUNIOR ANTHONY SHAW** *** | **CAMILE SHANIQUE MITCHELL** *** |
| 20. Qualification: | **FATHER** | **MOTHER** |
| 21. (a) Residence: | **PIGGOTT STREET** | **PIGGOTT STREET** |
| (b)Town/Village: | **MOUNT SALEM** | **MOUNT SALEM** |
| (c) Parish: | **ST. JAMES** | **ST. JAMES** |

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-THIRD MARCH, 2013** **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

Deirdre English Gosse
Registrar General &
Deputy Keeper of the Records

OUT OF MANY, ONE PEOPLE