080202558308/2013

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

Issue Date:
1st May, 2013

1. BIRTH IN THE DISTRICT OF: **UNIVERSITY OF THE WEST INDIES** 2. PARISH: **ST. ANDREW**

3. NO. **BY 6089** 4. Place of Birth: **UNIVERSITY HOSPITAL OF THE WEST INDIES**

5. Date of Birth: **EIGHTH AUGUST, 2010** 6. Sex: **MALE**

7. Name of Child: **TED MARKELL** ***

8. Physician or registered midwife in attendance: **SISTER HESLOP-BENNETT/ MIDWIFE VASCIANNA**

FATHER

9. Name and Surname: **TED NEELEY LEE** ***

10. Age at time of birth: **34 YEARS** 11. Occupation: **BEARER**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **86A GORDON TOWN ROAD**

(b) Town/Village: **KINGSTON 6** (c) Parish: **ST. ANDREW**

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

15. Name and Surname: **TAMEKA LOTOYA JOHNSON** ***

Maiden Name: **nil**

16. Age at time of birth: **24 YEARS**

17. Occupation: **CUSTOMER SERVICE REPRESENTATIVE** 18. Birthplace: **MANCHESTER**

INFORMANT(S)

19. Name and Surname:	**TAMEKA LOTOYA JOHNSON** ***	**TED NEELEY LEE** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**86A GORDON TOWN ROAD**	**37A EDGEWAY ROAD**
(b)Town/Village:	**KINGSTON 6**	**KINGSTON 20**
(c) Parish:	**ST. ANDREW**	**ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **NINTH AUGUST, 2010** **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

THIS IS A CERTIFICATE