

080202465420/2011

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
30th November, 2011

1. BIRTH IN THE DISTRICT OF: **CROSS ROADS** 2. PARISH: **ST. ANDREW**
3. NO. **BM 3092** 4. Place of Birth: **NUTTALL MEMORIAL HOSPITAL**
5. Date of Birth: **NINTH NOVEMBER, 2011** 6. Sex: **FEMALE**
7. Name of Child: **AMIRAH ZAHARI IONA *****

8. Physician or registered midwife in attendance: **DR C PALMER**

FATHER

9. Name and Surname: **ROY SYLVESTER CAMPBELL *****10. Age at time of birth: **43 YEARS**11. Occupation: **MARKETING AGENT**12. Birthplace: **ST ANN**

MOTHER

13. (a) Residence: **71 EXCELSIOR AVENUE**(b) Town/Village: **BRIDGEPORT**(c) Parish: **ST. CATHERINE**14. No. of Children previously born to mother (a) Alive: **1**(b) Still-born: **nil**15. Name and Surname: **CAMEEL NICOLE FRANCIS *****Maiden Name: **nil**16. Age at time of birth: **31 YEARS**17. Occupation: **IMMIGRATION OFFICER**18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname: **CAMEEL NICOLE FRANCIS *******ROY SYLVESTER CAMPBELL *****20. Qualification: **MOTHER****FATHER**21. (a) Residence: **71 EXCELSIOR AVENUE****CLAREMONT**(b) Town/Village: **BRIDGEPORT****nil**(c) Parish: **ST. CATHERINE****ST. ANN**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**24. Date: **TENTH NOVEMBER, 2011**

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



for

Yvette ScottRegistrar General &
Deputy Keeper of the Records