

10202799121/2008

CERTIFICATION OF VITAL RECORD

JAMAICA

Registrar General's
Department

BIRTH REGISTRATION FORM

Issue Date:
10th December, 2008

1. BIRTH IN THE DISTRICT OF: **KINGSTON** 2. PARISH: **KINGSTON**
3. NO. **AA 4386** 4. Place of Birth: **VICTORIA JUBILEE HOSPITAL**
5. Date of Birth: **TWENTY-FIFTH SEPTEMBER, 2008** 6. Sex: **FEMALE**
7. Name of Child: **CHRISTIANA JOSEPHINE MITCHELL *****

8. Physician or registered midwife in attendance: **NURSE M DENNIS**

9. Name and Surname: **MARIO MORAIS MITCHELL ***** FATHER

10. Age at time of birth: **18 YEARS** 11. Occupation: **PLUMBER**

12. Birthplace: **KINGSTON**

13. (a) Residence: **47 HARBOUR ROAD** MOTHER

(b) Town/Village: **KINGSTON 2**

(c) Parish: **KINGSTON**

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

15. Name and Surname: **LEONIE OPAL MARRIOTT *****

Maiden Name: **nil**

16. Age at time of birth: **22 YEARS**

17. Occupation: **COSMETOLOGIST**

18. Birthplace: **KINGSTON**

DISFORMANT(S)

19. Name and Surname: **LEONIE OPAL MARRIOTT *****

MARIO MORAIS MITCHELL ***

20. Qualification: **MOTHER**

FATHER

21. (a) Residence: **47 HARBOUR ROAD**

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(b) Town/Village: **KINGSTON 2**

KINGSTON 2

(c) Parish: **KINGSTON**

KINGSTON

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **TWENTY-SIXTH SEPTEMBER, 2008**

Signed by Registrar

26. Name: **nil**

Name if added after Registration of Birth

27. Authority: **nil**

28. Date Added: **NIL**

Last Line of Vital Data

First Free Copy for children born