080202440994/2011

CERTIFICATION OF VITAL RECORD

Issue Date:
29th July, 2011

JAMAICA

Registrar General's Department

BIRTH REGISTRATION FORM

1. BIRTH IN THE DISTRICT OF: **HALF WAY TREE** 2. PARISH: **ST. ANDREW**

3. NO: **BA 4192** 4. Place of Birth: **ANDREWS MEMORIAL HOSPITAL**

5. Date of Birth: **SECOND FEBRUARY, 2011** 6. Sex: **FEMALE**

7. Name of Child: **KHLOEY ARIANNA** ***

8. Physician or registered midwife in attendance: **DR R CHAND**

FATHER

9. Name and Surname: **ROBERT GARFIELD WALKER** ***

10. Age at time of birth: **47 YEARS** 11. Occupation: **POLICE OFFICER**

12. Birthplace: **KINGSTON**

MOTHER

13. (a) Residence: **87 PINES BOULEVARD PINE OF KARACHI**

(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: **VALERIE CECILE MONTAGUE** ***

Maiden Name: **nil** 16. Age at time of birth: **39 YEARS**

17. Occupation: **STORE MANAGER** 18. Birthplace: **ST ANDREW**

INFORMANT(S)

19. Name and Surname:	**VALERIE CECILE MONTAGUE** ***	**ROBERT GARFIELD WALKER** ***
20. Qualification:	**MOTHER**	**FATHER**
21. (a) Residence:	**87 PINES BOULEVARD PINE OF KARACHI**	**87 PINES BOULEVARD PINE OF KARACHI**
(b)Town/Village:	**KINGSTON 6**	**KINGSTON 6**
(c) Parish:	**ST. ANDREW**	**ST. ANDREW**

REGISTRAR'S CERTIFICATE

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

23. Witness: **nil**

24. Date: **THIRD FEBRUARY, 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

We aim to satisfy

Registrar General's Department

Patricia P. Holness

Registrar General &
Deputy Keeper of the Records

THIS IS A CERTIFICATE
OF THE RECORD OFFICIALLY REGISTERED IN THE
REGISTRAR GENERAL'S DEPARTMENT OF JAMAICA

A 5989486

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE